

HEALTHCARE PROVIDER: PHYSICIAN PHYSICIAN OFFICE STAFF AND HOSPITAL STAFF NURSE RESPIRATORY THERAPIST EMT/EMT-P (PARAMEDIC) TECHNICAL ASSISTANT FRONT OFFICE PERSONNEL (RECEPTIONIST, ETC.) PHYSICIAN ASSISTANT (PA) CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) CERTIFIED REGISTERED NURSE MIDWIFE CERTIFIED MEDICAL ASSISTANT (CMA)	PATIENT: PATIENT PATIENT PROXY RELATIVE EXECUTOR GUARDIAN HEALTHCARE PROVIDER	HEALTHCARE SERVICES MANAGEMENT SYSTEMS: HMOs (HEALTH MANAGEMENT ORGANIZATIONS AND OTHER INSURERS) PBMs (PHARMACY BENEFIT MANAGERS/MANAGEMENT COMPANIES) PPMs (PHYSICIAN PRACTICE MANAGERS/MANAGEMENT COMPANIES) GOVERNMENT DATABASES (U.S., STATE, COUNTY, CITY) MEDICAID MEDICARE HOSPICE SYSTEMS COMMERCIAL EMPLOYEES WHO ARE SELF-INSURED COMMERCIAL INDEMNITY HEALTH INSURANCE PAYORS PSOS (PROVIDER SPONSORED ORGANIZATIONS TAKING INSURANCE RISK AND ACTING AS PAYOR) GOVERNMENT ENTITIES
102	103	104

FIG-2A

PHARMACEUTICAL COMPANIES: MANUFACTURERS DISTRIBUTORS MARKETING COMPANIES (INCLUDING INDEPENDENT, 3rd PARTY COMPANIES REPRESENTING PHARMACEUTICAL COMPANIES) ADVERTISING AGENCIES HANDLING PHARMACEUTICAL ACCOUNTS PUBLIC RELATIONS COMPANIES HANDLING PHARMACEUTICAL ACCOUNTS	NON-HEALTHCARE PRODUCT & SERVICE VENDORS: FINANCIAL INSTITUTIONS ONLINE TRADING COMPANIES RETAIL MERCHANTS AUCTION COMPANIES EDUCATIONAL INSTITUTIONS AND COMPANIES NON-MEDICAL CHARITIES GOVERNMENT ENTITIES	HEALTH PRODUCT & SERVICE VENDORS: NON-PHARMACEUTICAL PRODUCT AND SERVICE MANUFACTURERS, DISTRIBUTORS, RESELLERS, DISEASE PREVENTION, SPECIFIC AND/OR GENERAL CONDITIONS, ILLNESSES, DISEASES, INJURIES GOVERNMENT ENTITIES
105	106	107

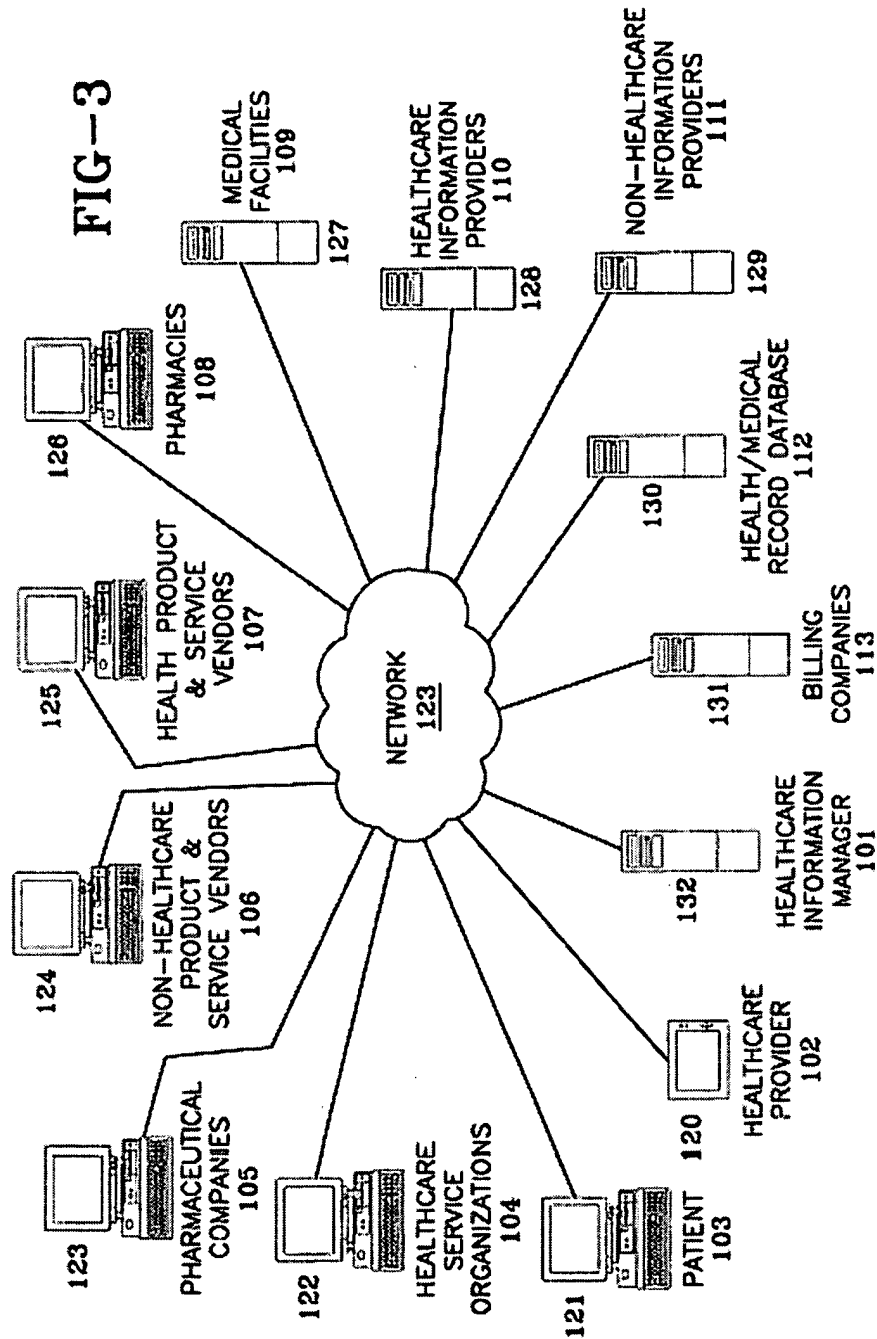
FIG-2B

PHARMACIES: RETAIL PHARMACIES CHAIN INDEPENDENT MASS MERCHANDISING MAIL ORDER INTERNET BASED PBM FULFILLMENT CENTERS HOSPITAL BASED CLINIC/OUTPATIENT BASED	MEDICAL FACILITIES: HOSPITALS PHYSICIAN OFFICES TREATMENT CENTERS OUTPATIENT CLINICS LABORATORIES IMAGING CENTERS MOBILE TESTING FACILITIES MOBILE TREATMENT FACILITIES SURGERY CENTERS REHABILITATION CLINICS MEDICAL RECORDS CENTERS OCCUPATIONAL HEALTH CENTERS CANCER CENTERS PAIN MANAGEMENT CENTERS HOSPICES SKILLED NURSING FACILITIES NURSING HOMES SUBACUTE HOSPITALS/FACILITIES PHYSICAL THERAPY CENTERS GOVERNMENT MEDICAL FACILITIES	HEALTH INFORMATION PROVIDERS: HEALTH INFORMATION WEB SITES/PORTALS PROFESSIONAL CONSUMER-ORIENTED 3rd PARTY INFORMATION SUPPLY COMPANIES (e.g. HEALTHSCOPE) PUBLIC HEALTH INSTITUTIONS NATIONAL INSTITUTES OF HEALTH CENTERS FOR DISEASE CONTROL CHARITIES NON-PROFIT ORGANIZATIONS PROFESSIONAL SOCIETIES AMERICAN MEDICAL SOCIETY AMERICAN COLLEGE OF CARDIOLOGY
<u>108</u>	<u>109</u>	<u>110</u>

FIG-2C

NON-HEALTHCARE INFORMATION PROVIDERS: CONSUMER REPORTING COMPANIES PRICE COMPARISON COMPANIES CHARITABLE ORGANIZATIONS INFORMATION-RELATED WEB SITES GOVERNMENTAL ENTITIES	HEALTH/MEDICAL RECORD DATABASES: PersonalMD.com drkoop.com MedicalLogic DATA CENTER RECORD STORAGE	BILLING COMPANIES: MEDICAL BILLERS INSURANCE COMPANIES PRODUCT BILLERS THIRD-PARTY TRANSACTION COMPANIES	HEALTHCARE INFORMATION MANAGEMENT SYSTEM (RECARE DATA CENTER): ON-SITE STORAGE SYSTEMS ON-SITE PROCESSING SYSTEMS OFF-SITE STORAGE SYSTEMS OFF-SITE PROCESSING SYSTEMS THIRD-PARTY STORAGE SYSTEMS THIRD-PARTY PROCESSING SYSTEMS COLLOCATED STORAGE SYSTEMS COLLOCATED PROCESSING SYSTEMS
111	112	113	101

FIG-2D



HEALTHCARE PROVIDER:
PATIENT'S MEDICAL RECORD INFORMATION
CHIEF COMPLAINT/REASON FOR VISIT
PFSH (PAST, FAMILY, AND SOCIAL HISTORY)
MEDICATIONS
ALLERGIES
ROS (REVIEW OF SYSTEMS)
PHYSICAL EXAMINATION FINDINGS
IMMUNIZATIONS
COUNSELING AND HEALTH EDUCATION
DIAGNOSES
PHARMACEUTICAL OR OTHER RELEVANT ADVERTISEMENTS
RELEVANT HEALTH INFORMATION (JOURNALS, ARTICLES, NEWS, TEXTS, UPDATES, ALERTS, ETC.)
PROMPTS FOR SENDING PATIENT INFORMATION
LAB ORDERS AND RESULTS
PRESCRIPTION ORDERS, REFILL REQUESTS, REFILL CONFIRMATIONS, ETC.
WARNINGS, ALERTS, CORRECTION REQUESTS, CLARIFICATION REQUESTS, CHANGE REQUESTS
PRESCRIPTION PICK-UP CONFIRMATION
TEST ORDERS, RESULTS, AND INTERPRETATIONS
EKGs
X-RAYS
MRIs
CTs

500

TO FIG-4B

FIG-4A

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FROM FIG-4A

CONSULT INFORMATION, REQUESTS, REPORTS
REFERRAL INFORMATION, REQUESTS, REPORTS
CME (CONTINUING MEDICAL EDUCATION) INFORMATION (COURSES, PROGRAMS, TEST EVALUATIONS,
CREDITS, CERTIFICATES)
PATIENT-ENTERED TOPICS OF INTEREST
FORMULARY INFORMATION
PATIENT INSURANCE ENROLLMENT STATUS
BILLING AND CODING INFORMATION
PERSONAL SCHEDULING INFORMATION, ALERTS, ETC.
ADMINISTRATIVE NOTICES
PHARMACOPOEIA INFORMATION
VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)
AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)

500

FIG-4B

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PATIENT PROXY:
GENERAL PATIENT INFORMATION
 DEMOGRAPHICS (NAME, ADDRESS, PHONE, EMAIL, ETC.)
 EMPLOYER AND OCCUPATION INFORMATION
 NAME OF INSURANCE COMPANY AND POLICY OR GROUP NUMBER
PHARMACY SELECTION CRITERIA
PHARMACY SELECTION
 INFORMATION RELATED TO PHARMACY SELECTION (MAPS, DIRECTIONS)
PATIENT'S MEDICAL RECORD INFORMATION
 CHIEF COMPLAINT/REASON FOR VISIT
 PFSH (PAST, FAMILY, AND SOCIAL HISTORY)
 MEDICATIONS
 ALLERGIES
 ROS (REVIEW OF SYSTEMS)
 PHYSICAL EXAMINATION FINDINGS
 DIAGNOSES
PHARMACEUTICAL OR OTHER RELEVANT ADVERTISEMENTS
RELEVANT HEALTH INFORMATION (JOURNALS, ARTICLES, NEWS, UPDATES, ALERTS)
PROMPTS FOR SENDING INFORMATION TO OTHERS
MESSAGES FROM PHYSICIAN/PHYSICIAN PROXIES
SELECTED LAB ORDERS (URINALYSIS, TB SCREEN, ETC.) AND RESULTS

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TO FIG-4D

FIG-4C

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FROM FIG-4C

PREScription REFILL REQUESTS, REFILL CONFIRMATIONS, ETC.
WARNINGS, ALERTS, CORRECTION REQUESTS, CLARIFICATION REQUESTS, CHANGE REQUESTS
PREScription PICK-UP CONFIRMATION
TEST RESULTS AND INTERPRETATIONS
EKGs
X-RAYS
MRIs
CTs
CONSULT INFORMATION, REPORTS
REFERRAL INFORMATION, REPORTS
INFORMATIVE PROGRAMS (MEDICAL, HEALTHCARE, WELLNESS, EXERCISE, ETC)
PATIENT-ENTERED TOPICS OF INTEREST
FORMULARY INFORMATION
PATIENT INSURANCE ENROLLMENT STATUS
PERSONAL SCHEDULING INFORMATION, ALERTS, ETC.
PHARMACOPOEIA INFORMATION
VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)
AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)

501

FIG-4D

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HEALTHCARE SERVICES ORGANIZATIONS: FORMULARY INFORMATION ENROLLMENT INFORMATION REGULATION INFORMATION BILLING INFORMATION VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE) AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)	PHARMACEUTICAL COMPANIES: ADVERTISEMENTS PROMOTIONAL MATERIALS (PRINTABLE BROCHURES, ETC.) WHITE PAPERS PRESCRIBING INFORMATION REPORTS ON AD EFFECTIVENESS, ROI, PHYSICIAN PRESCRIBING HABITS, ETC. WARNINGS AND ALERTS/RECALLS JOURNAL ARTICLES, TEXTBOOKS (AND/OR EXCERPTS), ETC. SCHEDULING INFORMATION PRESCRIBING HABITS VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE) AUDIO (REALPLAYER, LIVE PERSON-TO-PERSON/CONFERENCE)	NON-HEALTHCARE PRODUCT AND SERVICE VENDORS: FINANCIAL INFORMATION RETAIL INFORMATION TRANSACTION INFORMATION ADVERTISEMENTS EDUCATIONAL INFORMATION
<u>502</u>	<u>503</u>	<u>504</u>

FIG-4E

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<p>HEALTHCARE PRODUCT AND SERVICE VENDORS: ADVERTISEMENTS</p> <p>INFORMATION (PRODUCT INFORMATION, SERVICE INFORMATION)</p> <p>REPORTS ON AD EFFECTIVENESS, ROI, CONSUMER BUYING HABITS, ETC.</p> <p>VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>FINANCIAL INFORMATION</p> <p>RETAIL INFORMATION</p> <p>TRANSACTION INFORMATION</p> <p>EDUCATIONAL INFORMATION</p>	<p>PHARMACIES: ADVERTISEMENTS</p> <p>LOGOS</p> <p>PHARMACY SELECTION AND ROUTING INFORMATION</p> <p>VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>PRESCRIPTION INFORMATION</p> <p>REPORTS ON AD EFFECTIVENESS, ROI, ETC.</p> <p>ALERTS/WARNINGS REQUESTS FOR CLARIFICATION, REFILLS, SUBSTITUTIONS, ETC.</p> <p>TRANSACTION INFORMATION</p> <p>COMPLIANCE REPORTS (e.g. PATIENT PICKUP INFORMATION)</p>	<p>MEDICAL FACILITIES: MEDICAL RECORDS</p> <p>LAB ORDERS AND REPORTS</p> <p>PRESCRIPTION ORDERS, REFILL REQUESTS, REFILL CONFIRMATIONS, ETC.</p> <p>TEST ORDERS, RESULTS, AND INTERPRETATIONS (EKGS, MRIs, X-RAYS, CTs ETC.)</p> <p>CONSULT INFORMATION, REQUESTS, AND REPORTS</p> <p>REFERRAL INFORMATION, REQUESTS, AND REPORTS</p> <p>HEALTH INFORMATION (EDUCATIONAL MATERIALS, NEWSLETTERS)</p> <p>ADVERTISEMENTS</p> <p>INSURANCE INFORMATION</p> <p>CME (CONTINUING MEDICAL EDUCATION) INFORMATION</p> <p>BILLING INFORMATION</p> <p>VIDEO (DOWNLOADABLE, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>AUDIO (REALPLAYER, MP3, LIVE PERSON-TO-PERSON/CONFERENCE)</p> <p>PLUS ALL ITEMS LISTED UNDER HEALTHCARE PROVIDER NOT EXPLICITLY MENTIONED HERE</p>
505	506	507

FIG-4F

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HEALTH INFORMATION PROVIDERS: HEALTH INFORMATION NEWS ARTICLES BOOKS VIDEO (DOWNLOADABLE, LIVE, PERSON-TO- PERSON/CONFERENCE ADVERTISEMENTS ALL ITEMS LISTED IN MEDICAL FACILITIES 508	NON-HEALTH INFORMATION PROVIDERS: INFORMATION NEWS ARTICLES BOOKS VIDEO (DOWNLOADABLE, LIVE, PERSON-TO- PERSON/CONFERENCE ADVERTISEMENTS ALL ITEMS LISTED IN MEDICAL FACILITIES 509
HEALTH/MEDICAL RECORD DATABASES: ALL ITEMS LISTED UNDER HEALTHCARE PROVIDER 510	BILLING COMPANIES: ALL ITEMS LISTED UNDER HEALTHCARE PROVIDER AND MEDICAL FACILITIES 511
HEALTHCARE INFORMATION MANAGER: ALL ITEMS UNDER HEALTHCARE PROVIDER, PATIENT, HEALTHCARE SERVICES ORGANIZATIONS, PHARMACEUTICAL COMPANIES, NON-HEALTHCARE PRODUCT AND SERVICE VENDORS, HEALTH PRODUCT AND SERVICE VENDORS, PHARMACIES, MEDICAL FACILITIES, HEALTH INFORMATION PROVIDERS, NON-HEALTHCARE INFORMATION PROVIDERS, HEALTH/MEDICAL RECORD DATABASE, AND BILLING COMPANIES 512	

FIG-4G

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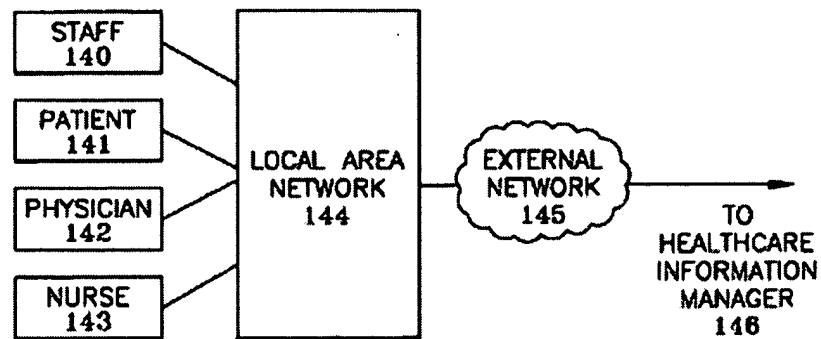


FIG-5A

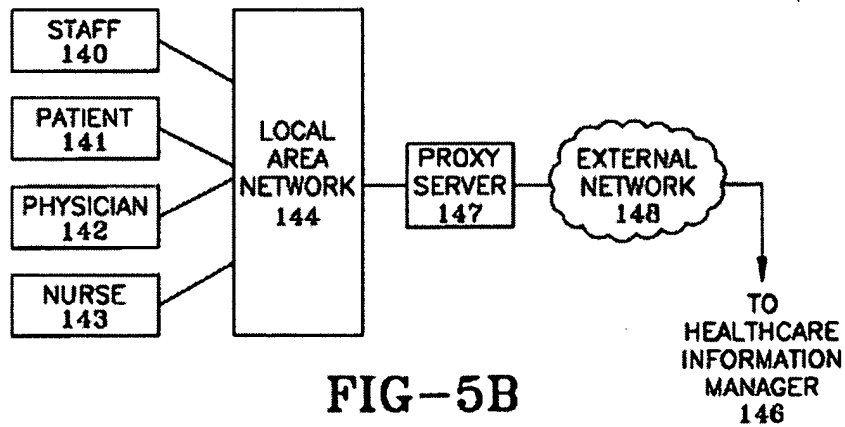


FIG-5B

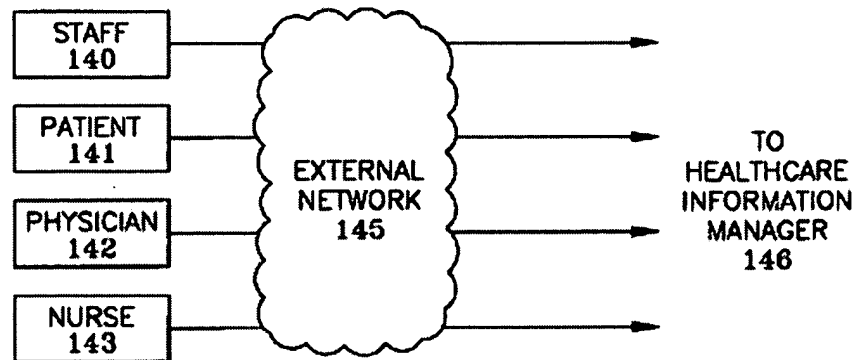


FIG-5C

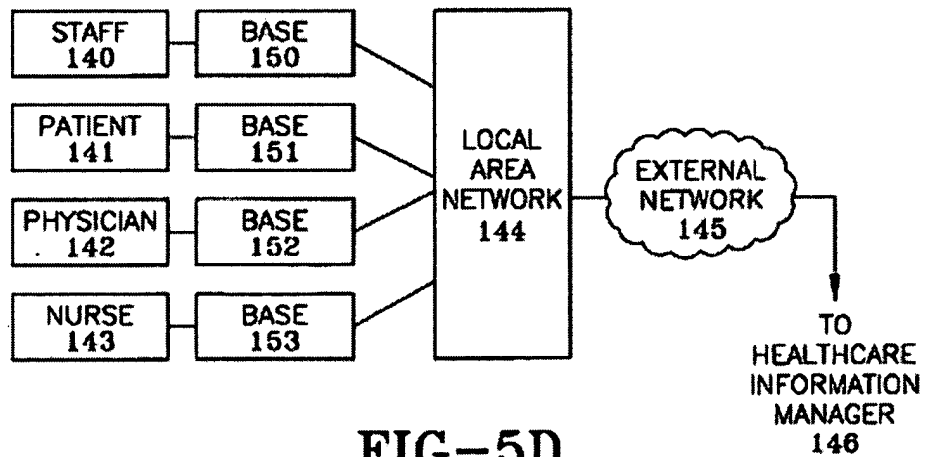


FIG-5D

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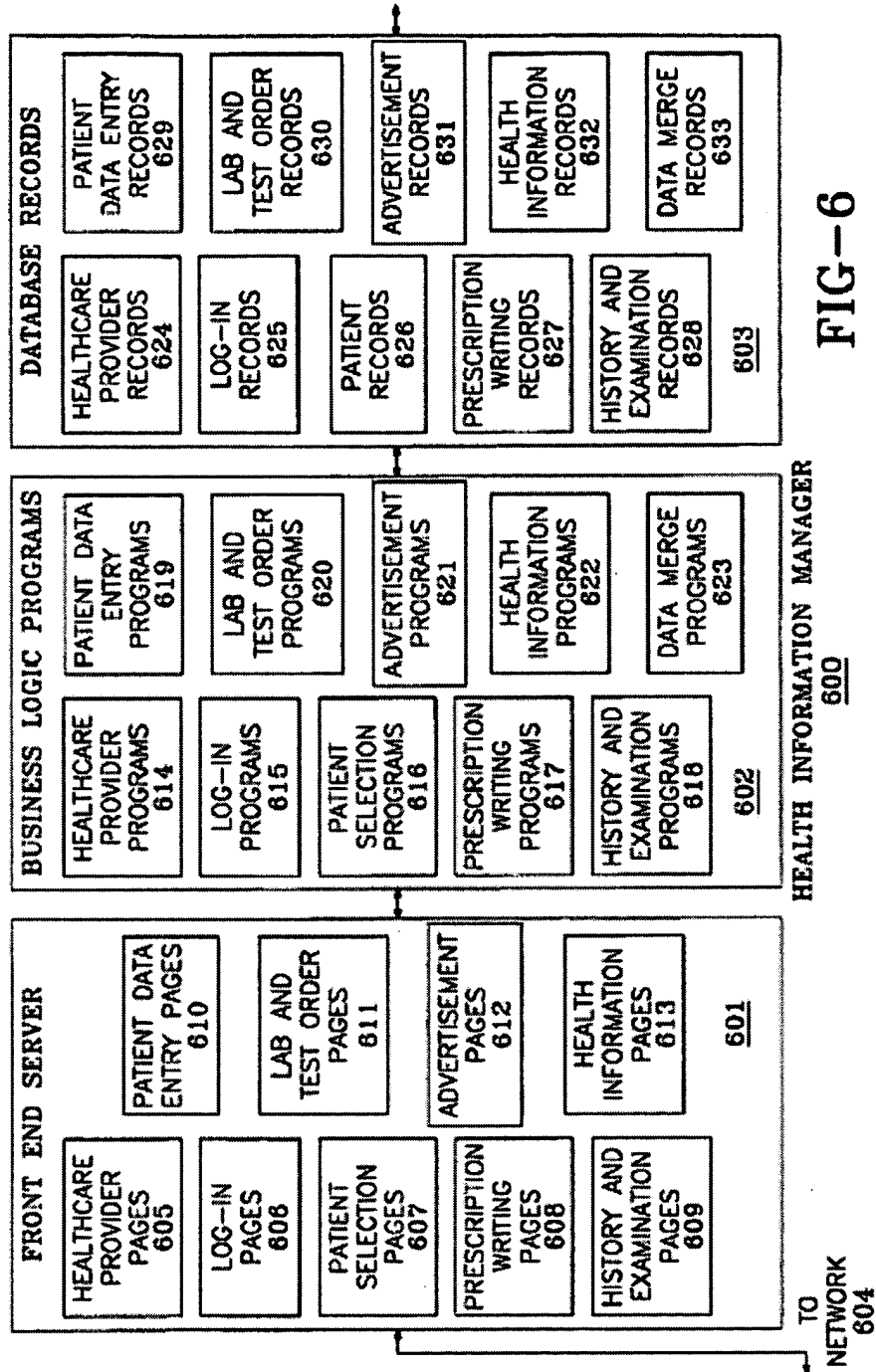


FIG-6

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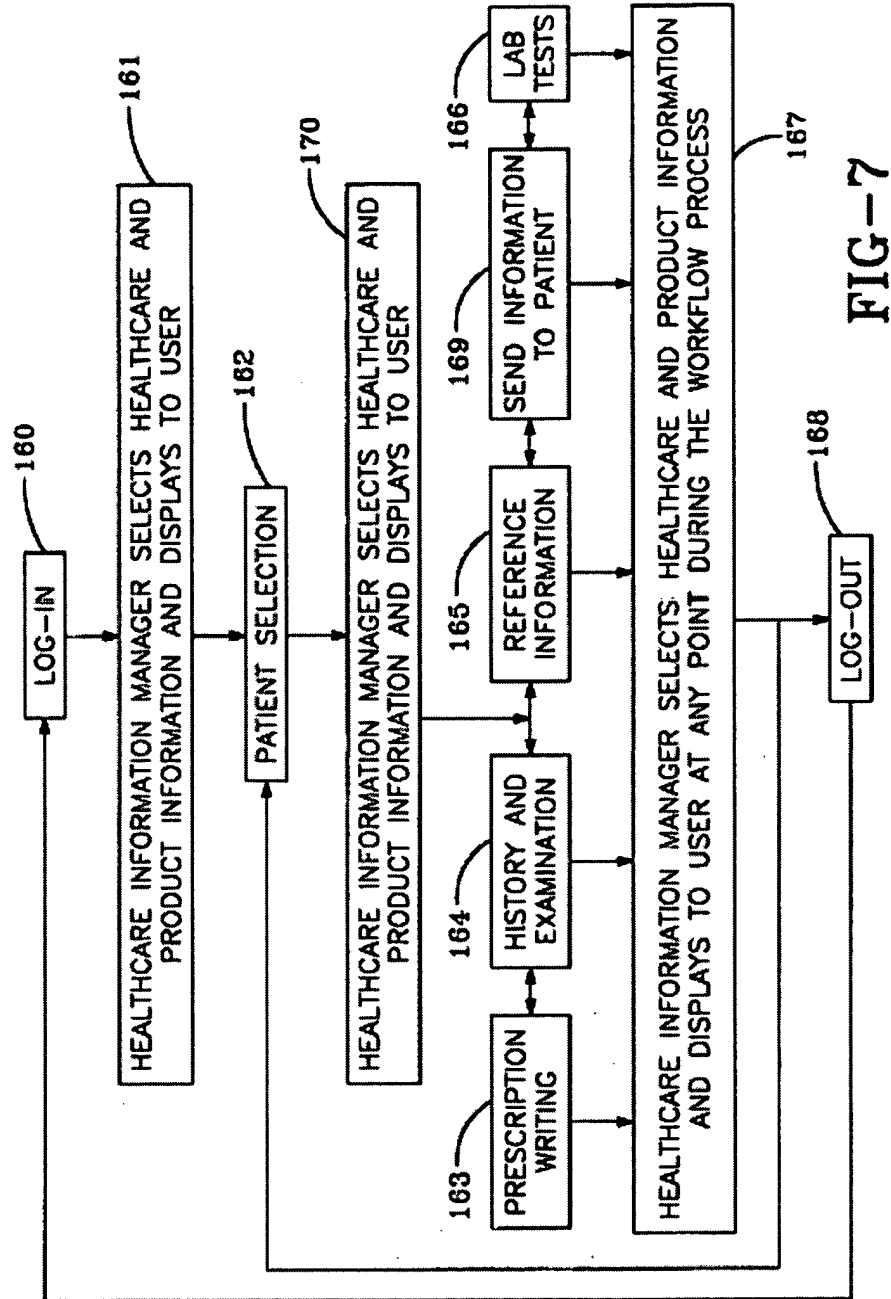
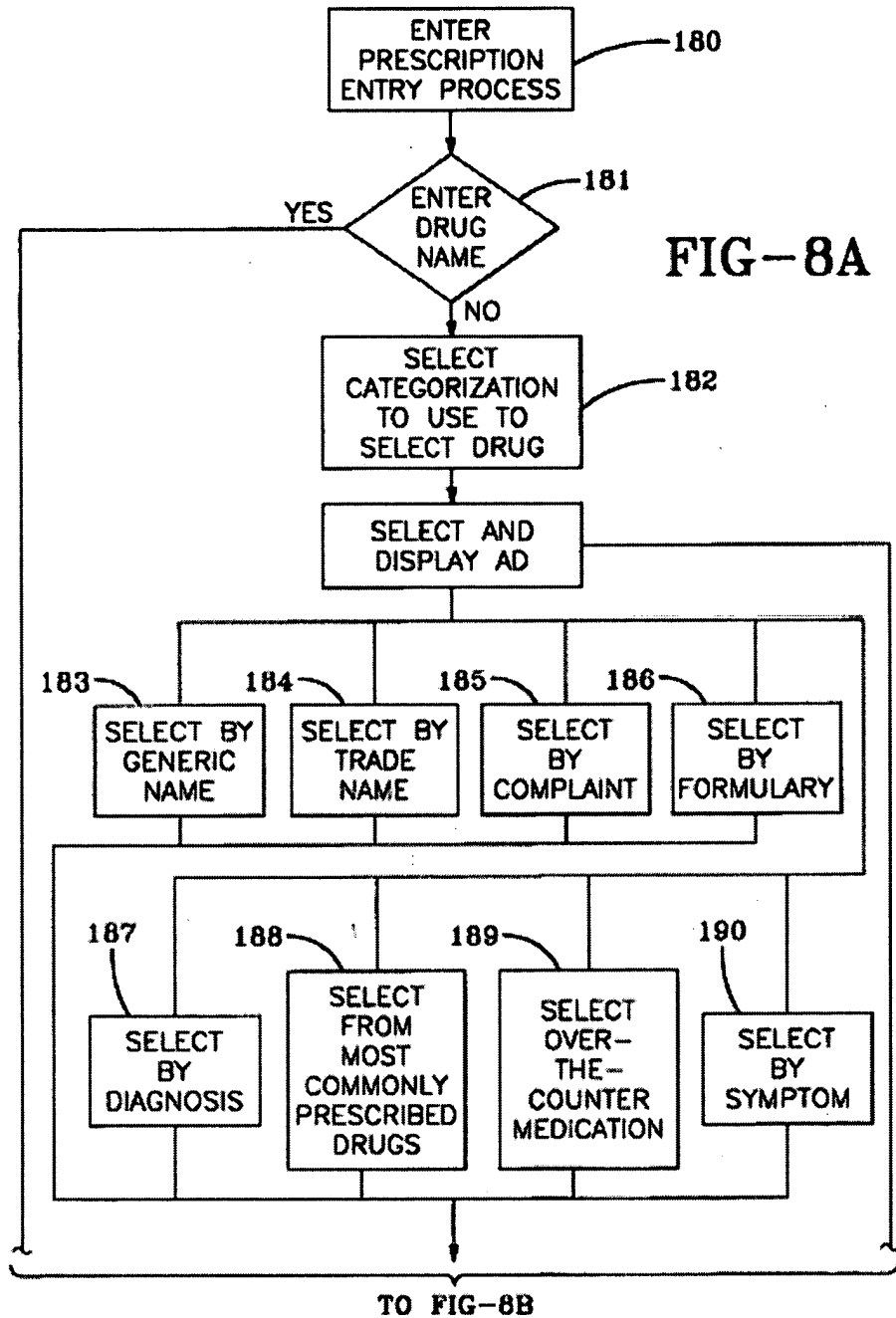


FIG--7

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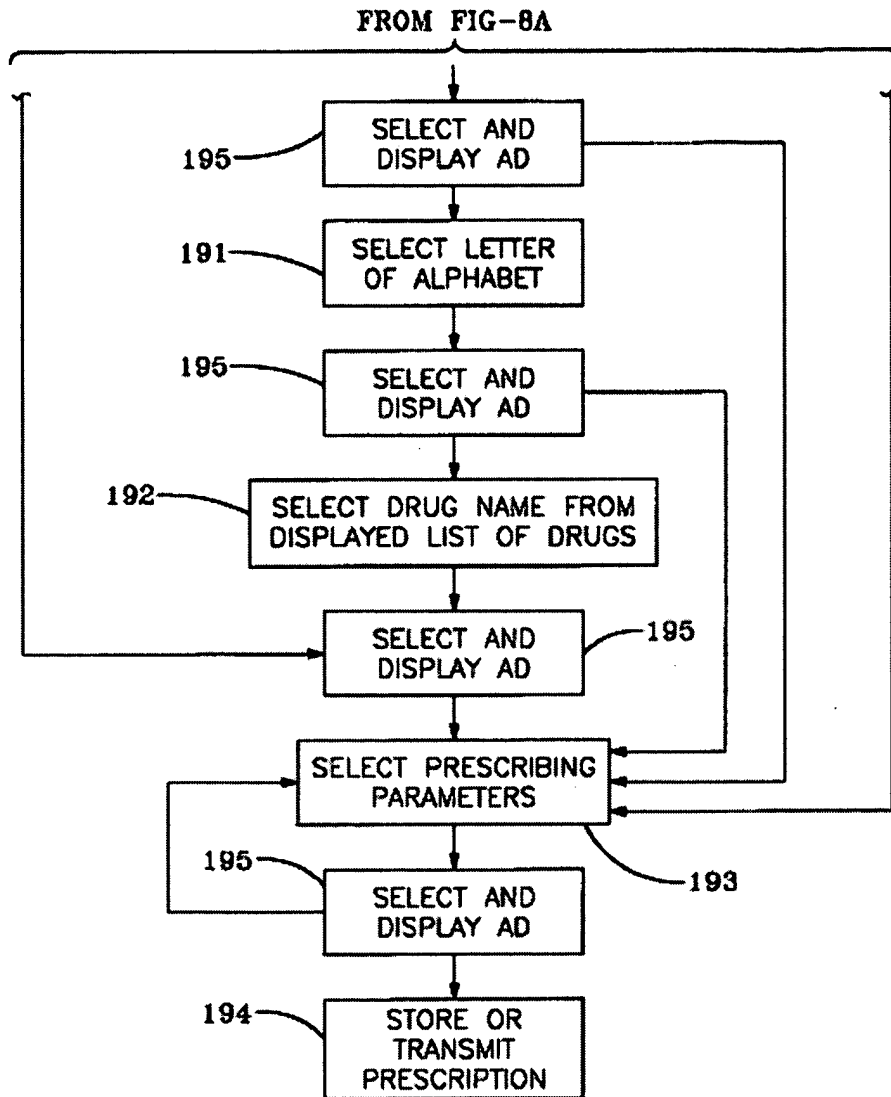


FIG-8B

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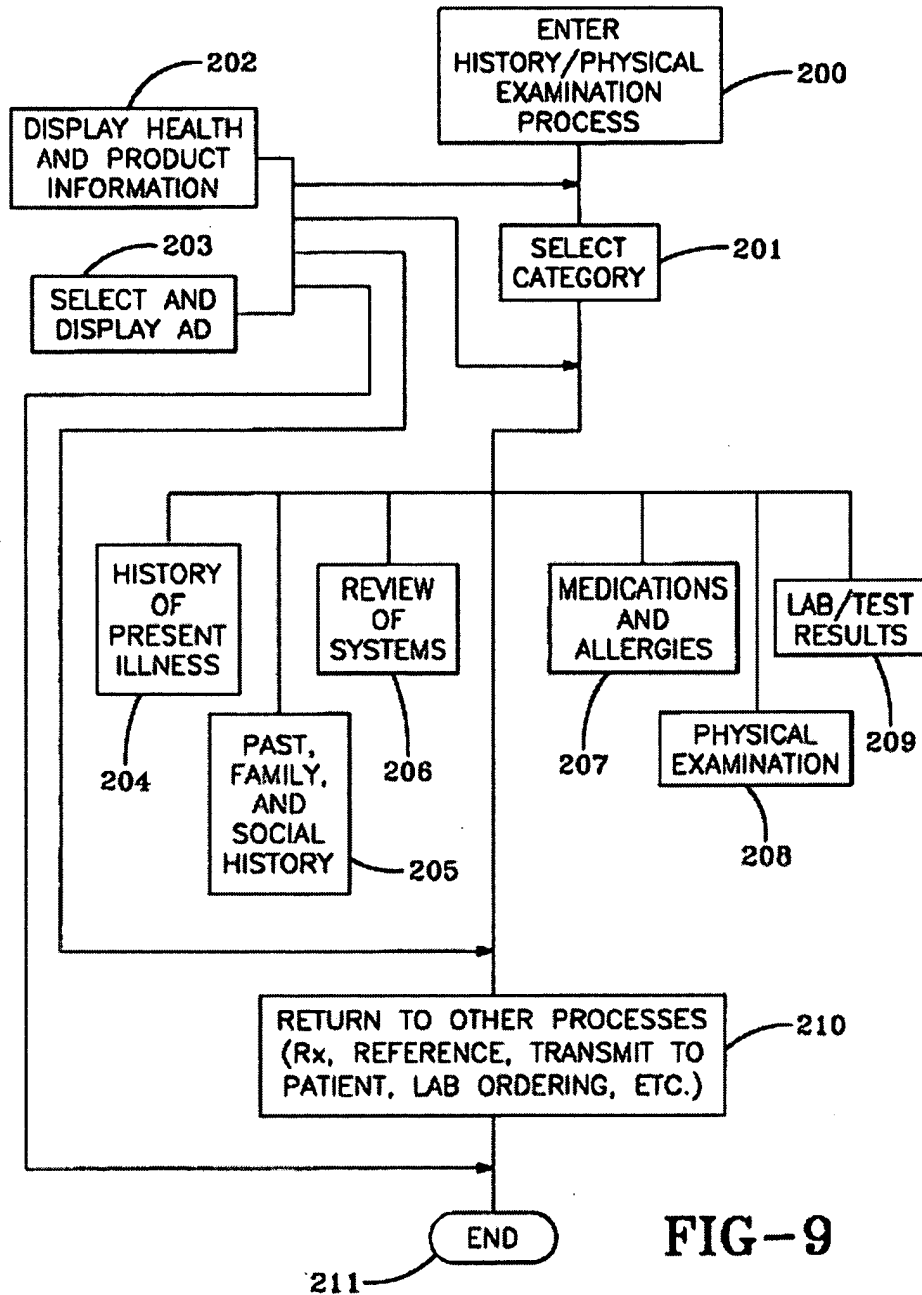


FIG-9

ADVERTISEMENT

**AUSTIN REGIONAL
HOSPITAL**

D.O.C.O.E.R.

PATIENT
RECORD:
JOHN DOE

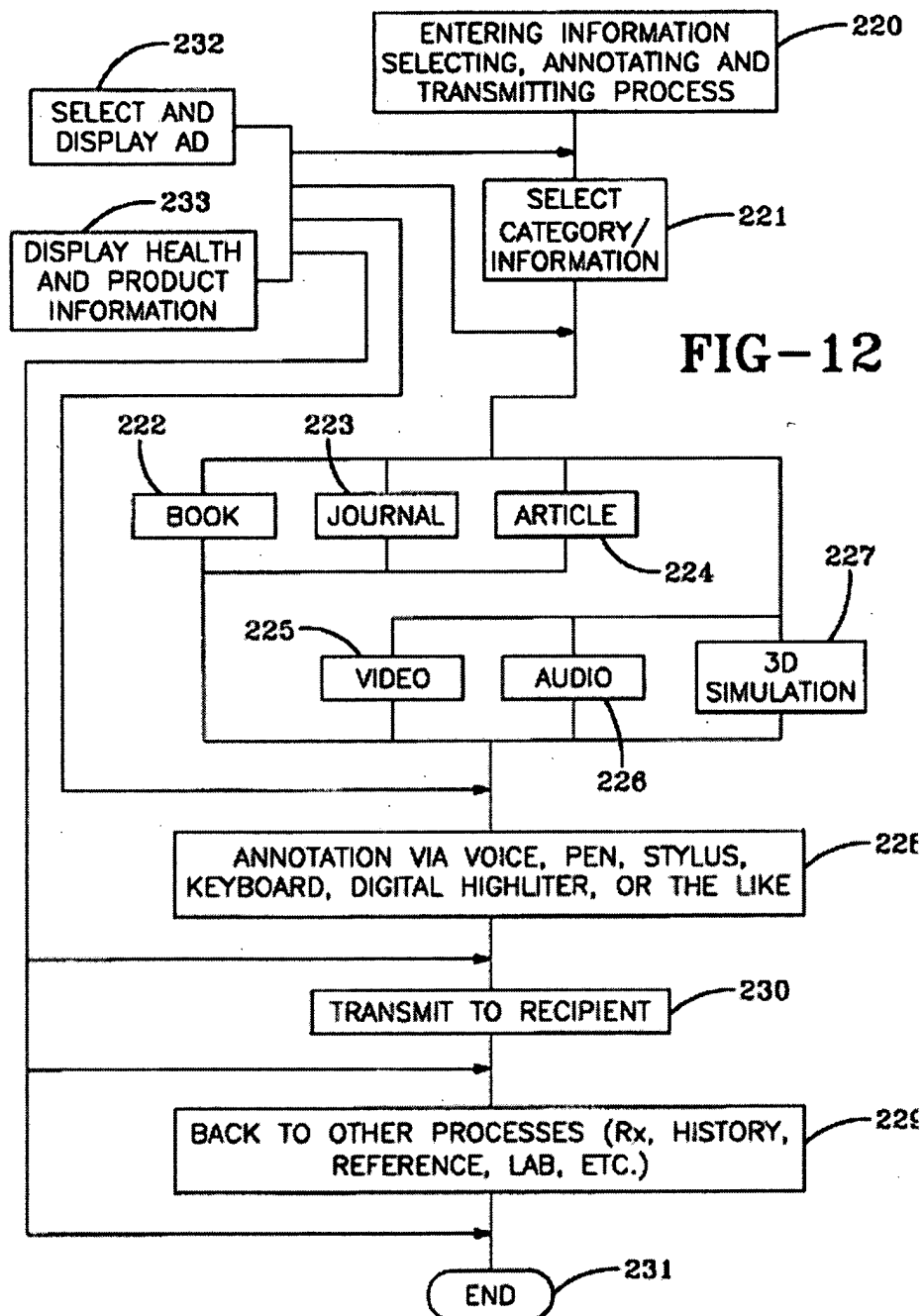
835

FIG-10

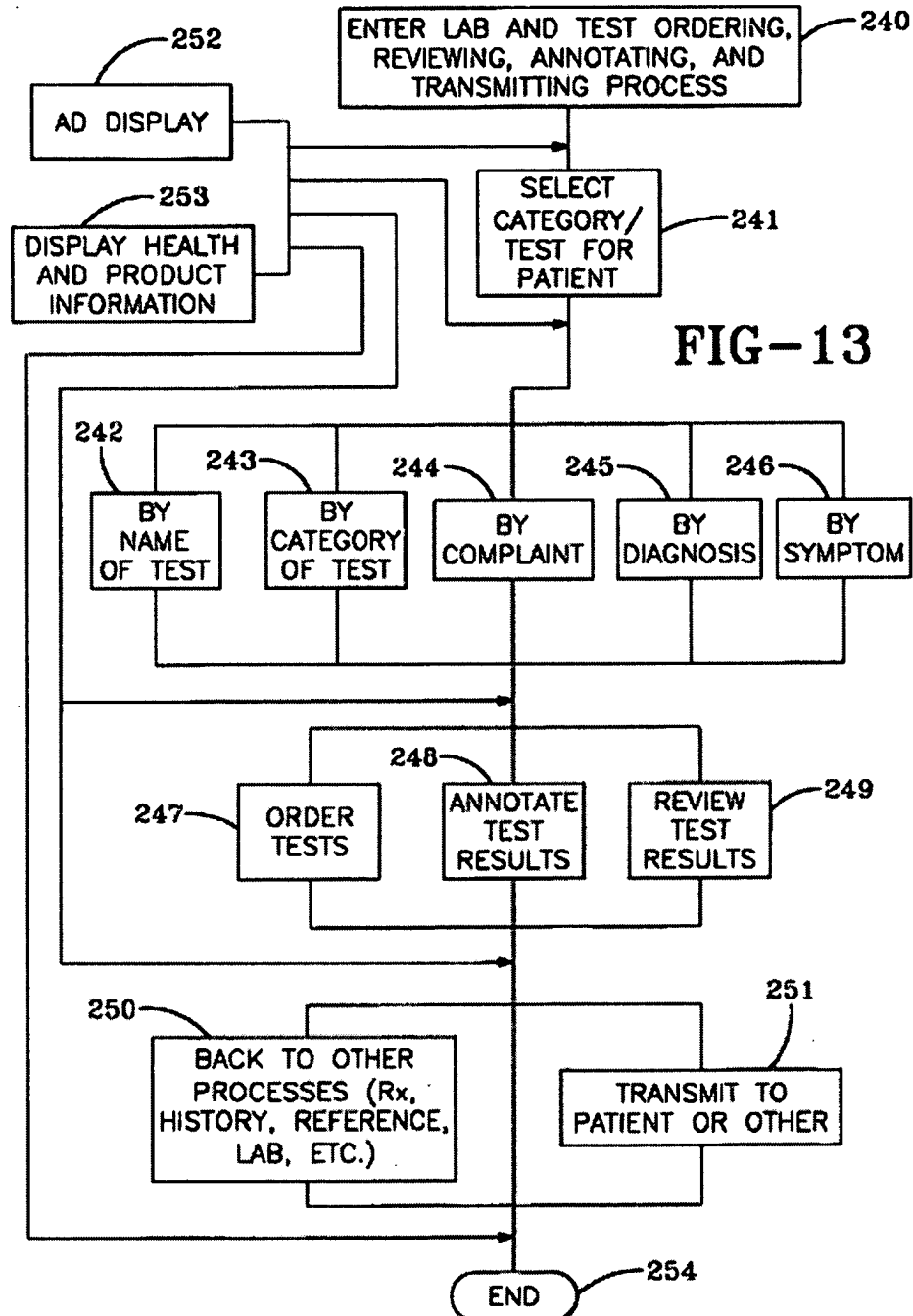
1. Name of the patient 2. Age 3. Sex 4. Date of admission 5. Referring physician 6. Address 7. City 8. State 9. Zip 10. Telephone 11. Insurance 12. Signature of patient 13. Signature of physician 14. Signature of nurse 15. Signature of pharmacist 16. Signature of dietitian 17. Signature of social worker 18. Signature of psychologist 19. Signature of physical therapist 20. Signature of occupational therapist 21. Signature of speech therapist 22. Signature of music therapist 23. Signature of art therapist 24. Signature of recreation therapist 25. Signature of other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Physical Therapy 2. Occupational Therapy 3. Speech Therapy 4. Music Therapy 5. Art Therapy 6. Recreation Therapy 7. Other	1. X-ray 2. CT Scan 3. MRI 4. Ultrasound 5. Angiogram 6. Biopsy 7. Other	1. Pathology 2. Microbiology 3. Immunology 4. Hematology 5. Clinical Chemistry 6. Toxicology 7. Other	1. Consultations 2. Medications 3. Allergies 4. Immunizations 5. Vital Signs 6. Intake 7. Output 8. Diet 9. Activity 10. Moods 11. Thoughts 12. Feelings 13. Behaviors 14. Other	1. Physical Examination 2. Laboratory Data 3. Radiology Data 4. Pathology Data 5. Consultations 6. Medications 7. Allergies 8. Immunizations 9. Vital Signs 10. Intake 11. Output 12. Diet 13. Activity 14. Moods 15. Thoughts 16. Feelings 17. Behaviors 18. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors 25. Other	1. Chief Complaint 2. History of Present Illness 3. Past Medical History 4. Past Surgical History 5. Family History 6. Social History 7. Review of Systems 8. Physical Examination 9. Laboratory Data 10. Radiology Data 11. Pathology Data 12. Consultations 13. Medications 14. Allergies 15. Immunizations 16. Vital Signs 17. Intake 18. Output 19. Diet 20. Activity 21. Moods 22. Thoughts 23. Feelings 24. Behaviors
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FIG-11

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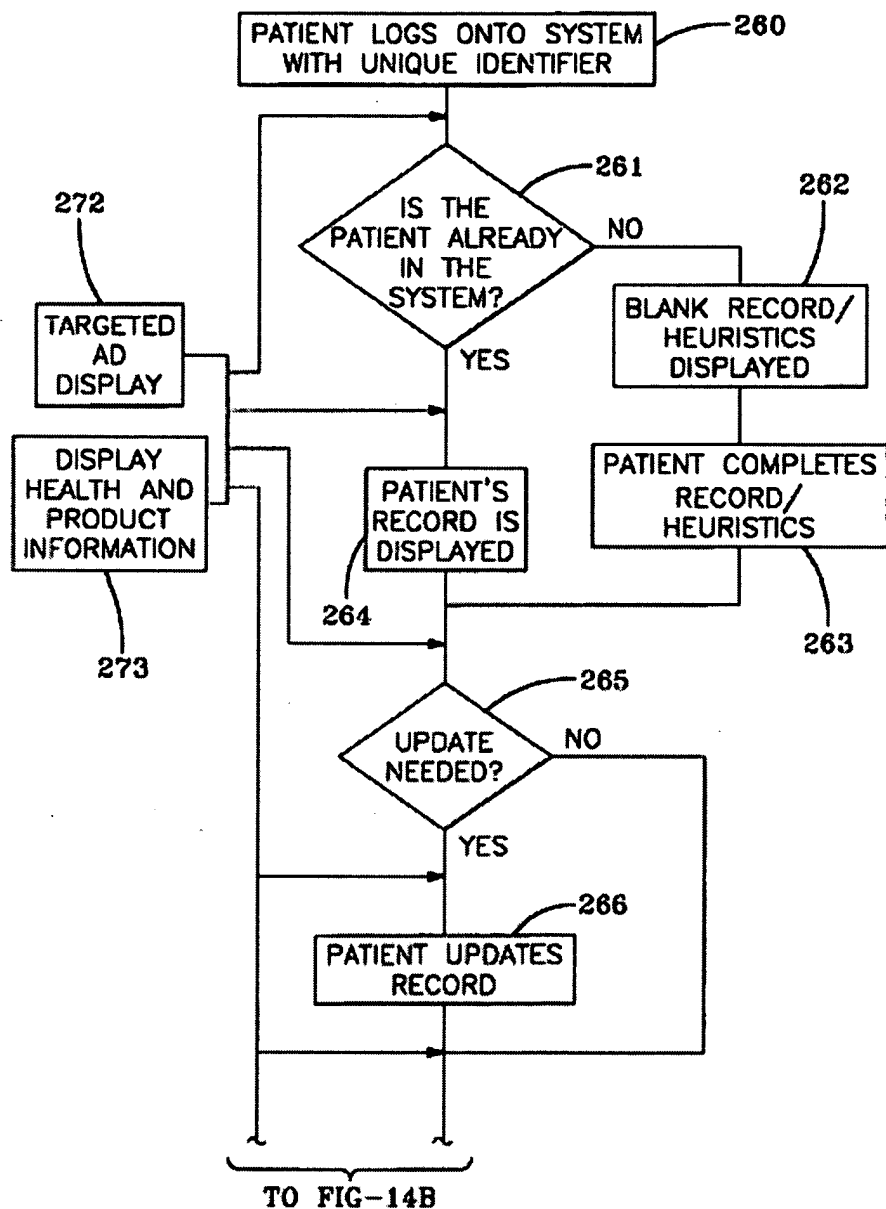


FIG-14A

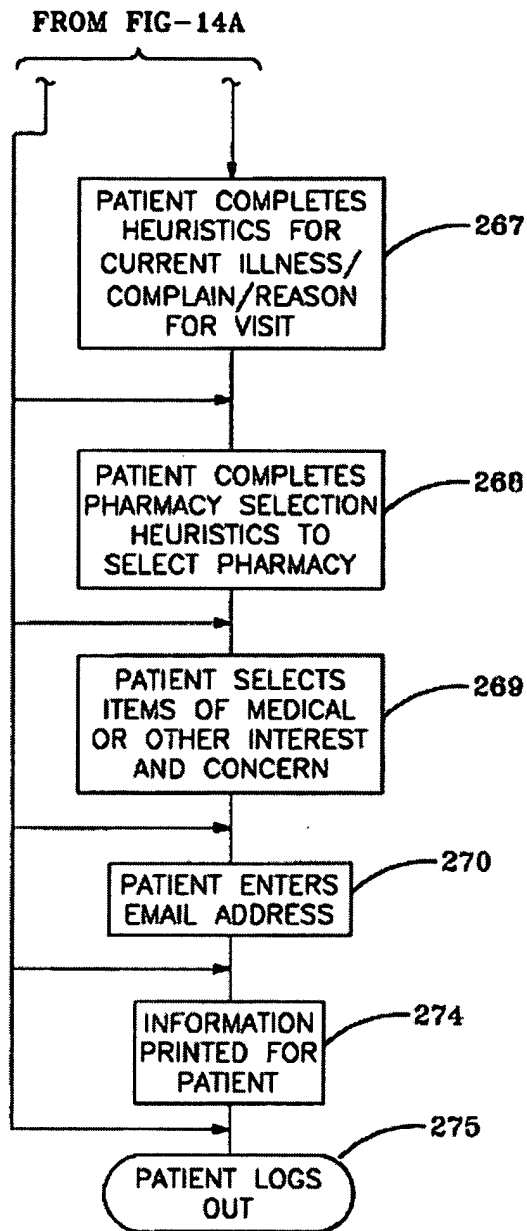


FIG-14B

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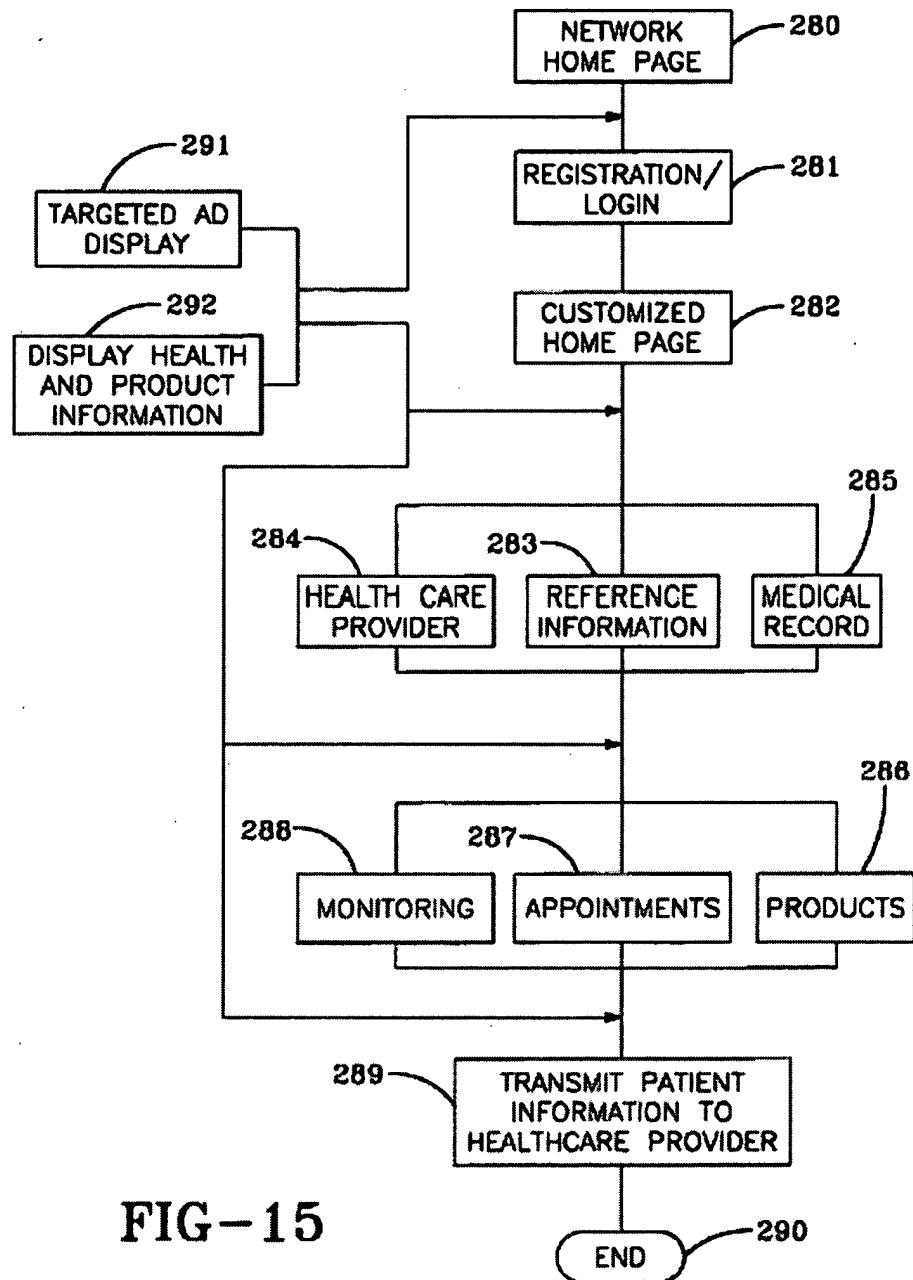


FIG-15

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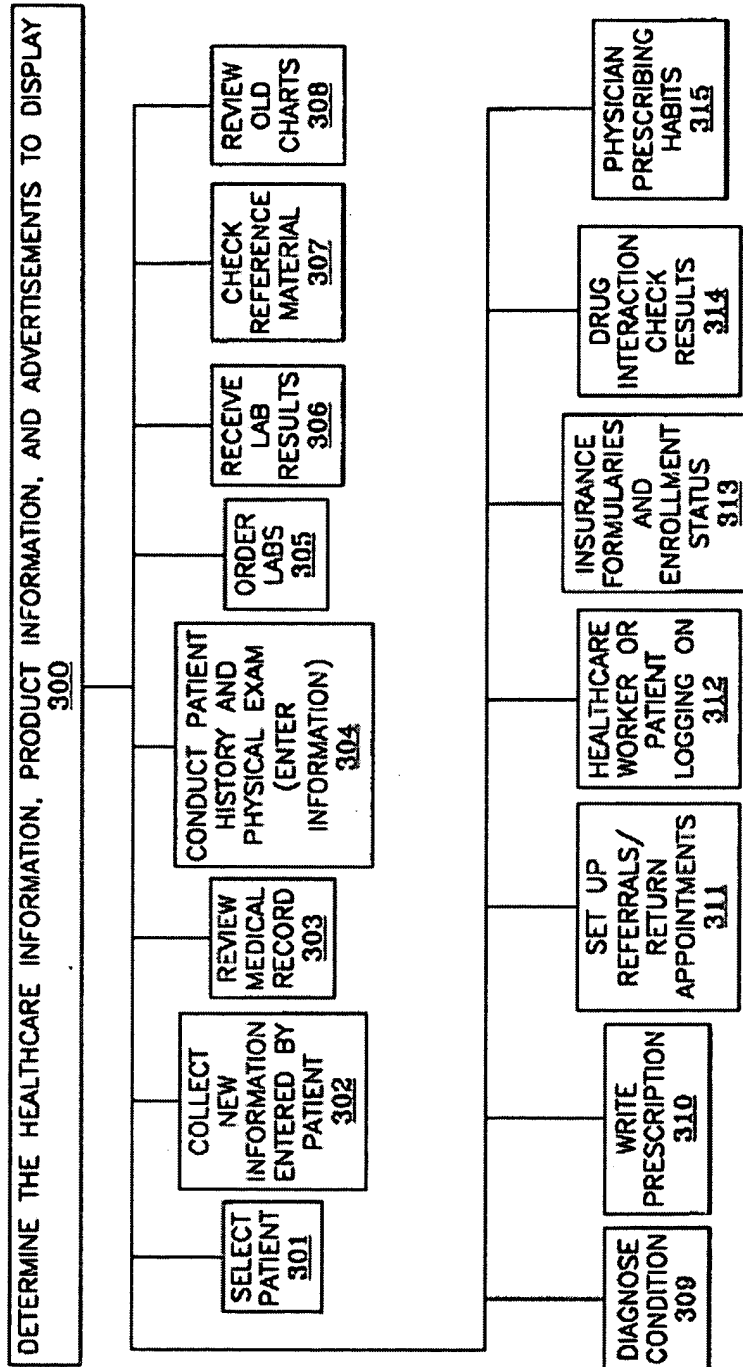
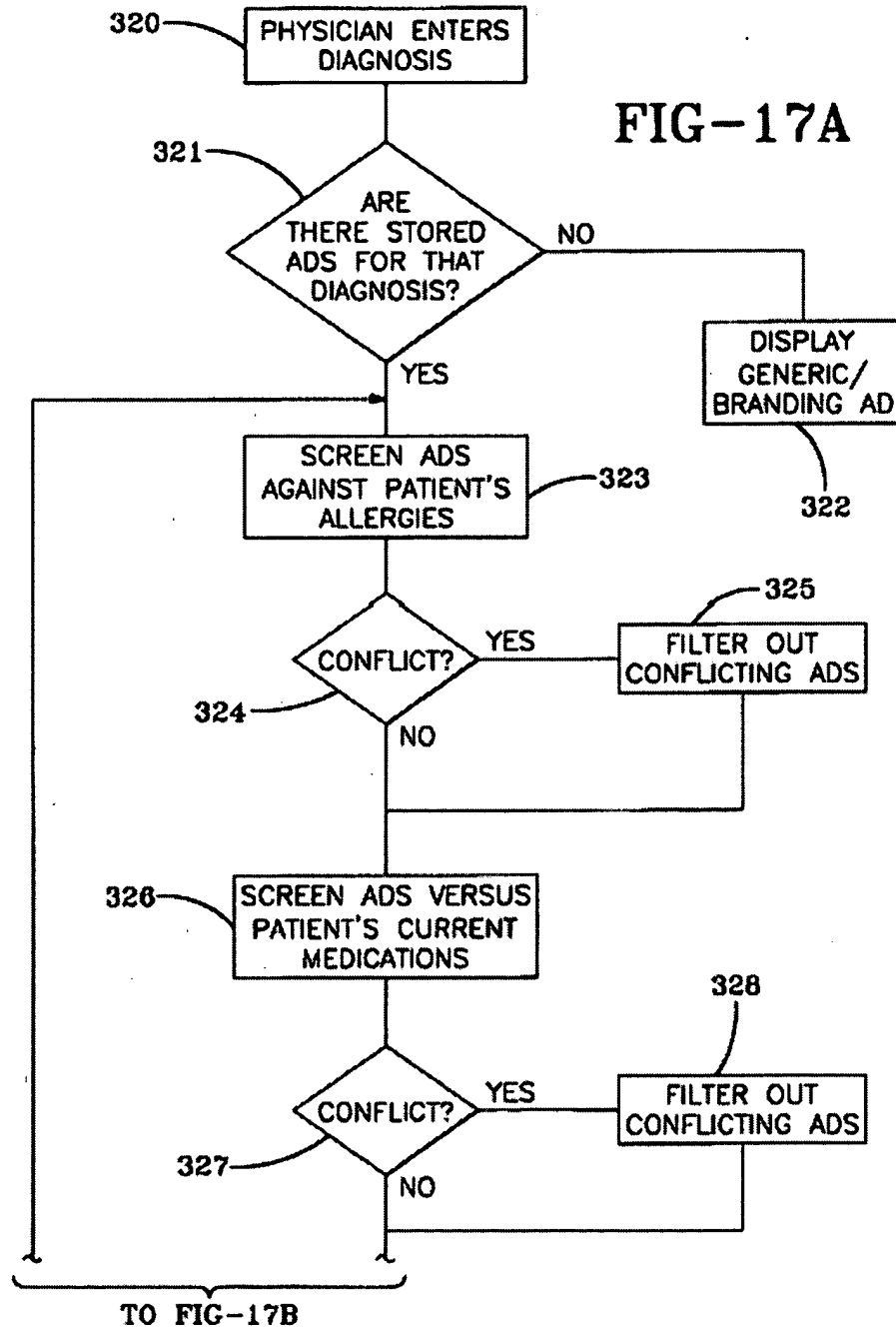
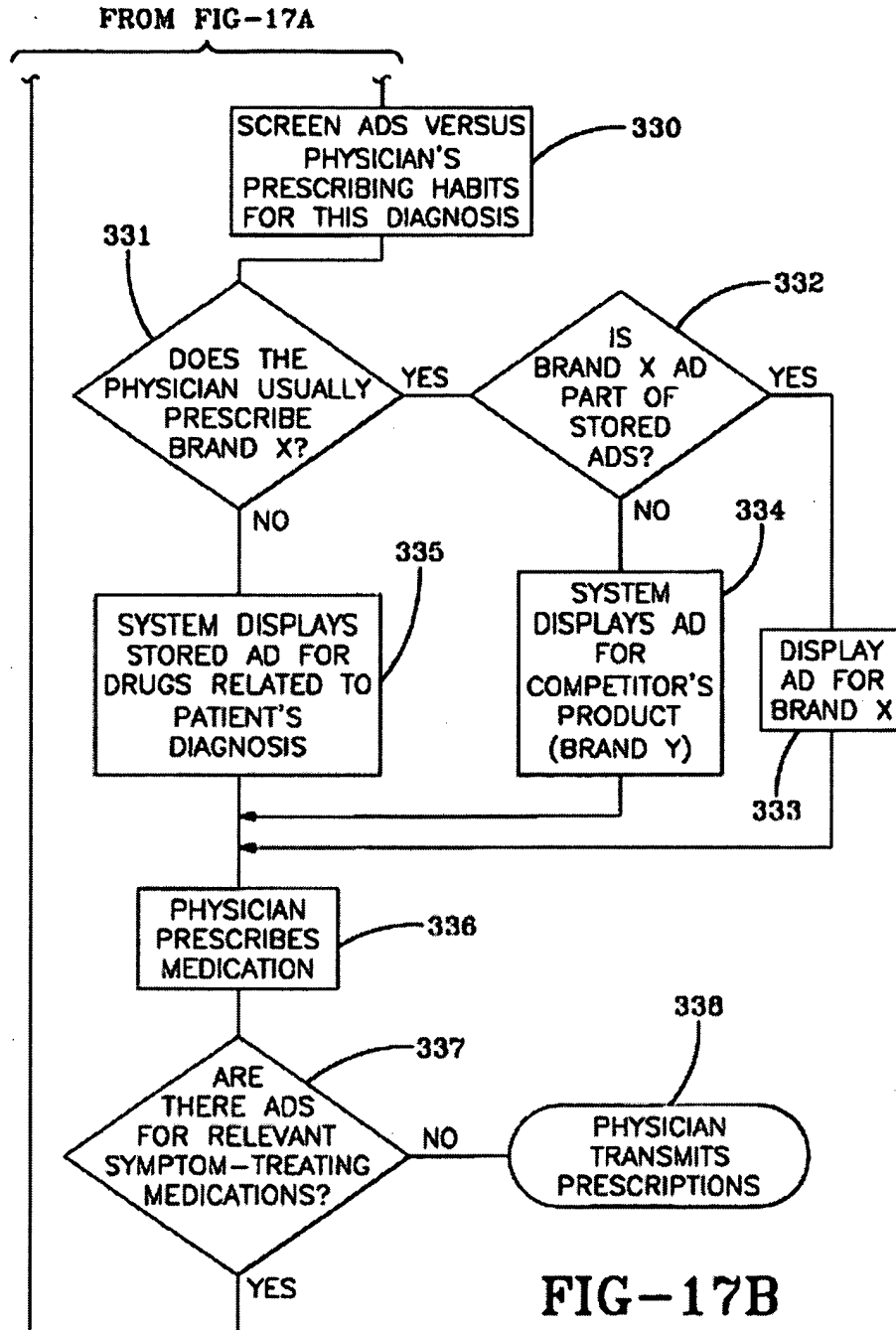


FIG-16

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FIG-17A





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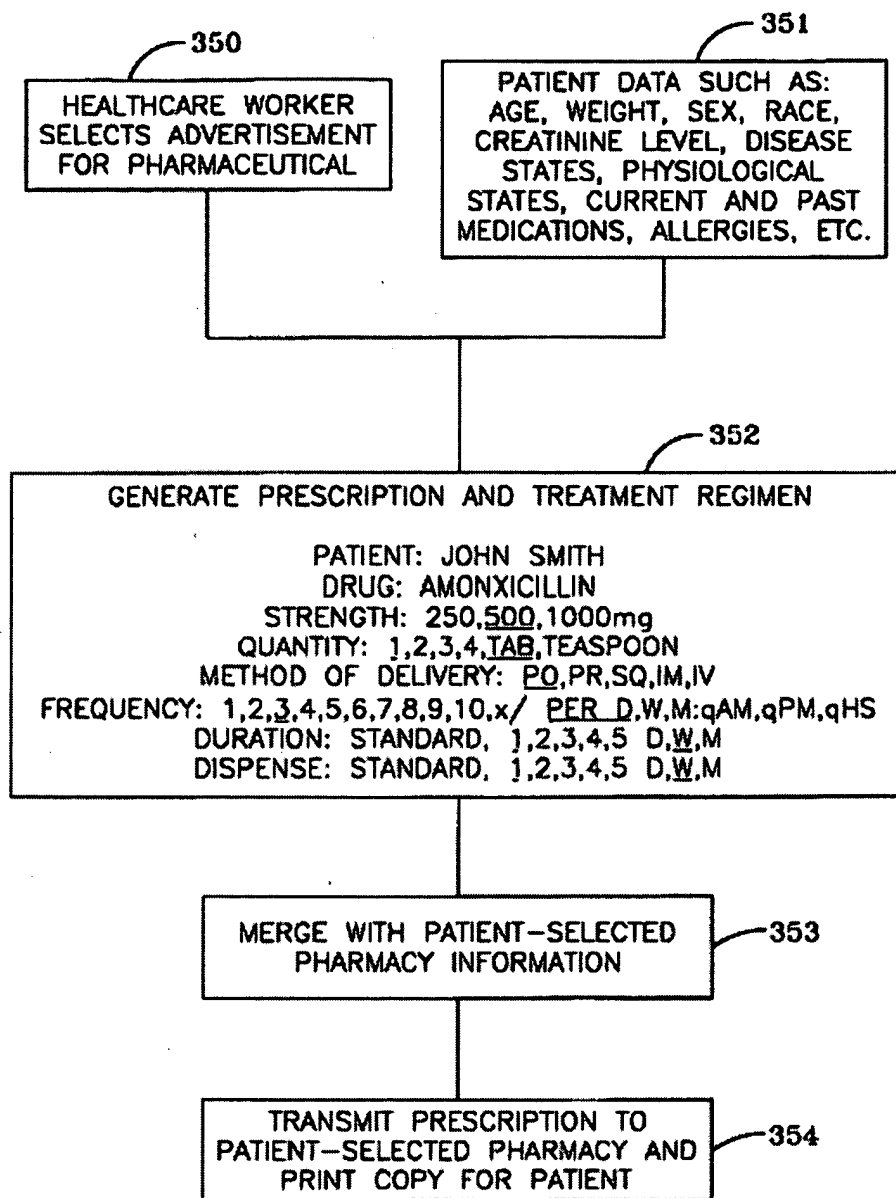


FIG-18A

TOUCH ON THE STRENGTH, QUANTITY, METHOD OF DELIVERY,
FREQUENCY, DURATION, AND DISPENSING LEVEL TO SELECT.

PATIENT: JOHN SMITH
DRUG: AMONXICILLIN
STRENGTH: 250, 500, 1000mg
QUANTITY: 1, 2, 3, 4, TAB, TEASPOON
METHOD OF DELIVERY: PO, PR, SQ, IM, IV
FREQUENCY: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, x/ PER D, W, M: qAM, qPM, qHS
DURATION: STANDARD, 1, 2, 3, 4, 5 D, W, M
DISPENSE: STANDARD, 1, 2, 3, 4, 5 D, W, M

FIG-18B

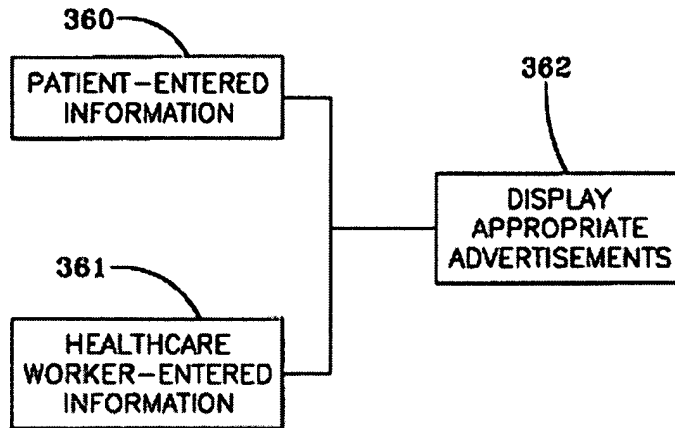


FIG-19

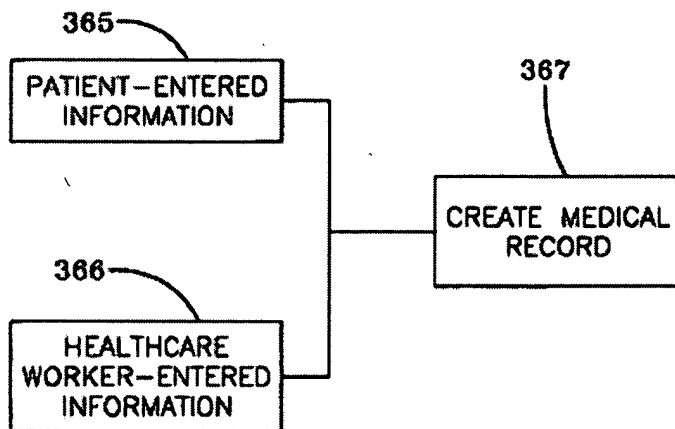


FIG-20

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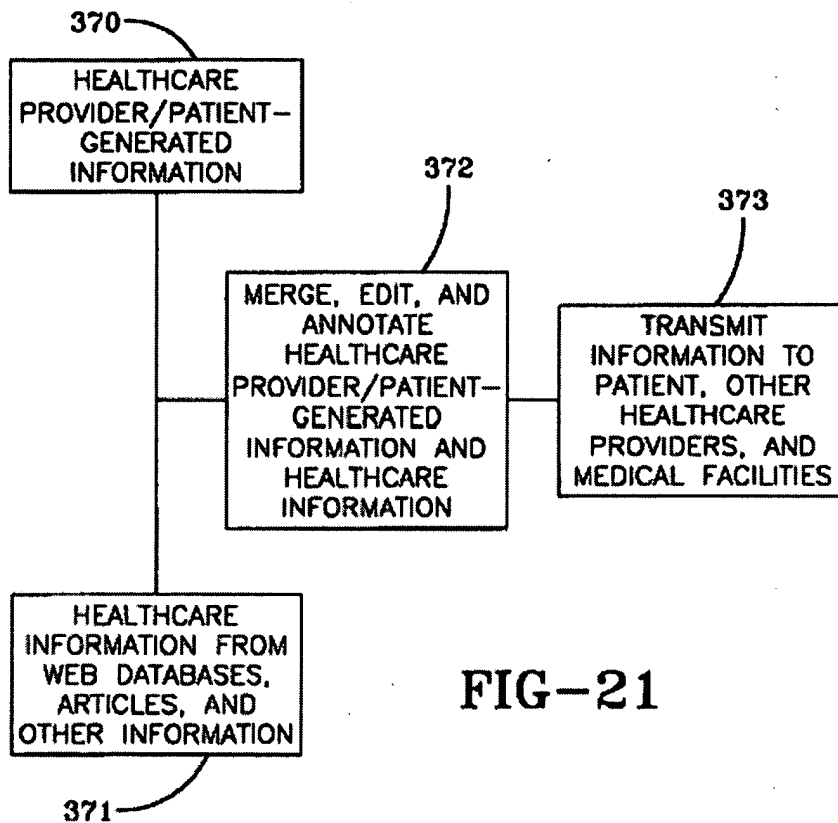


FIG-21

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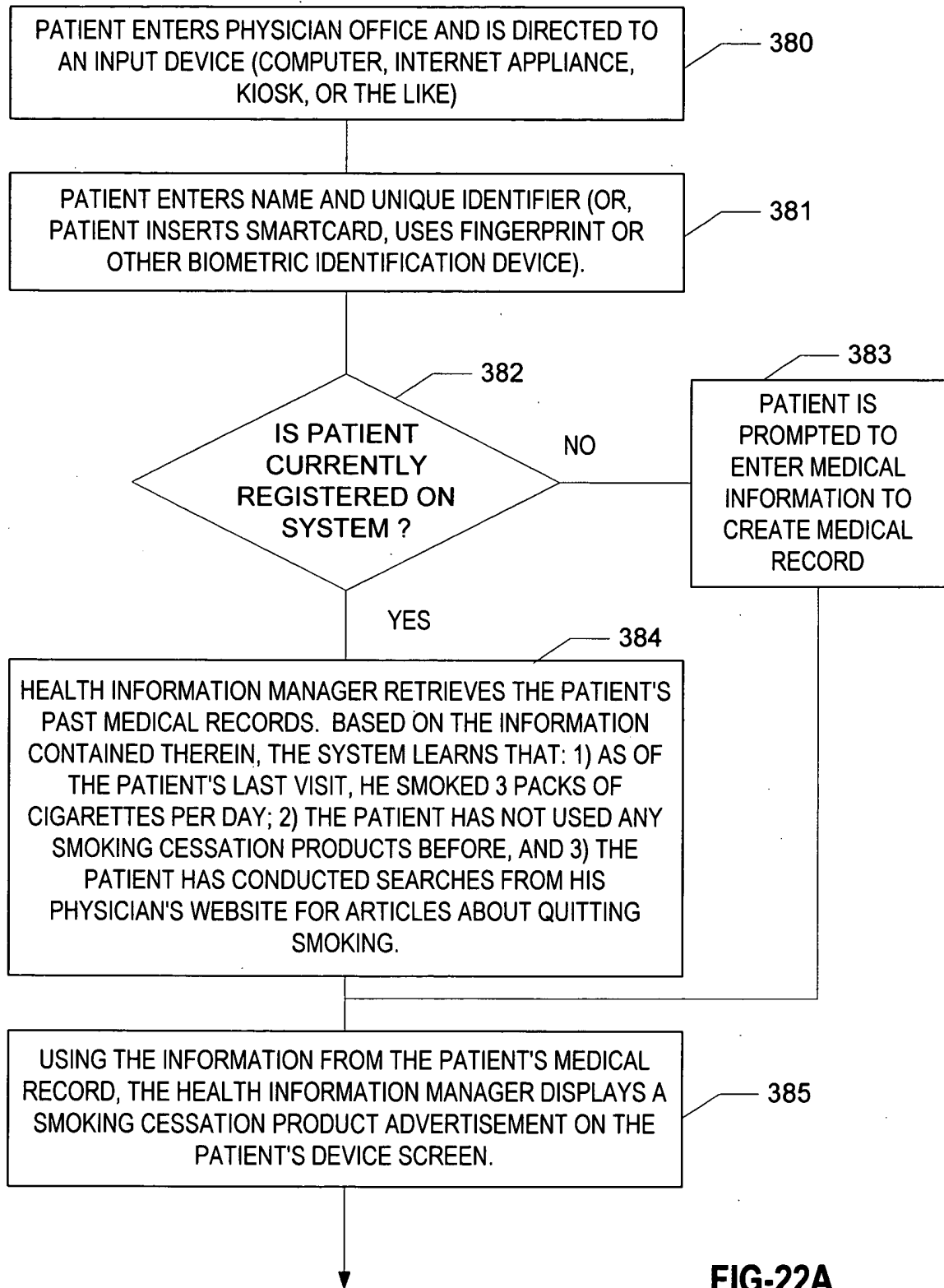
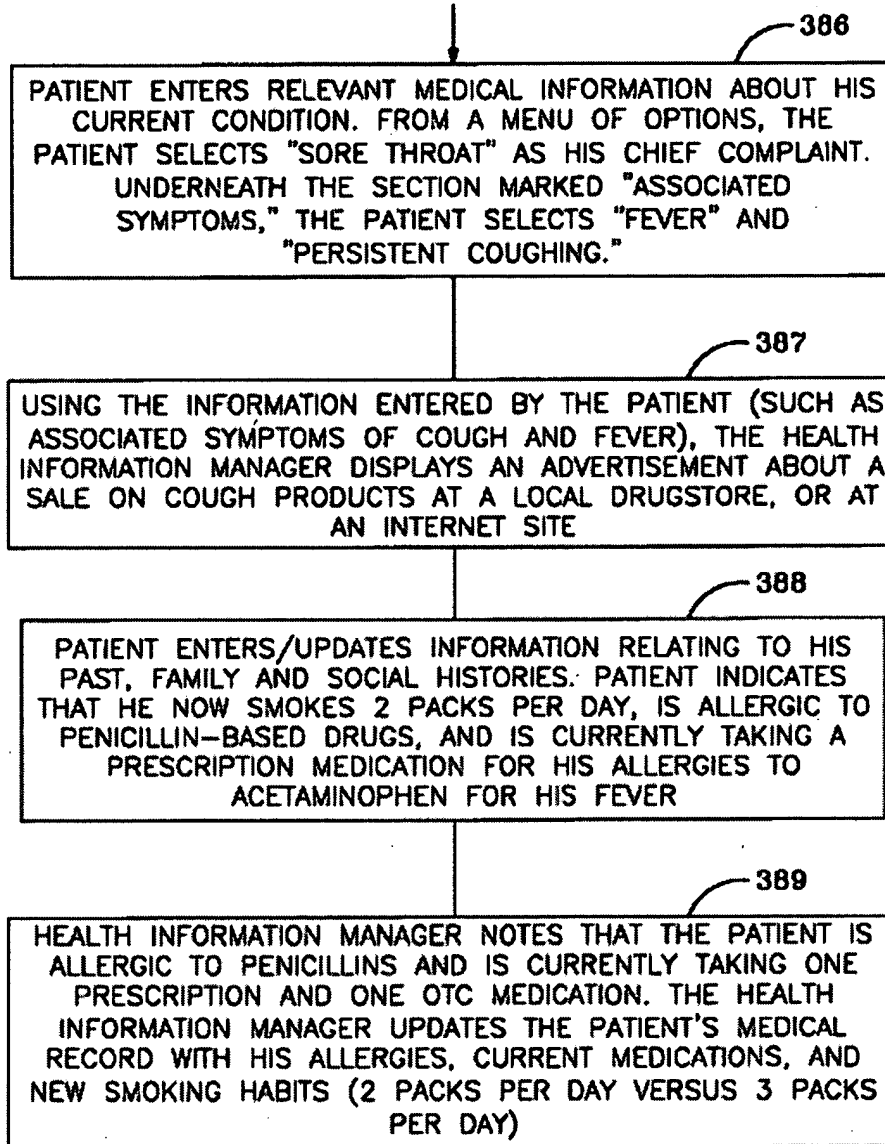


FIG-22A

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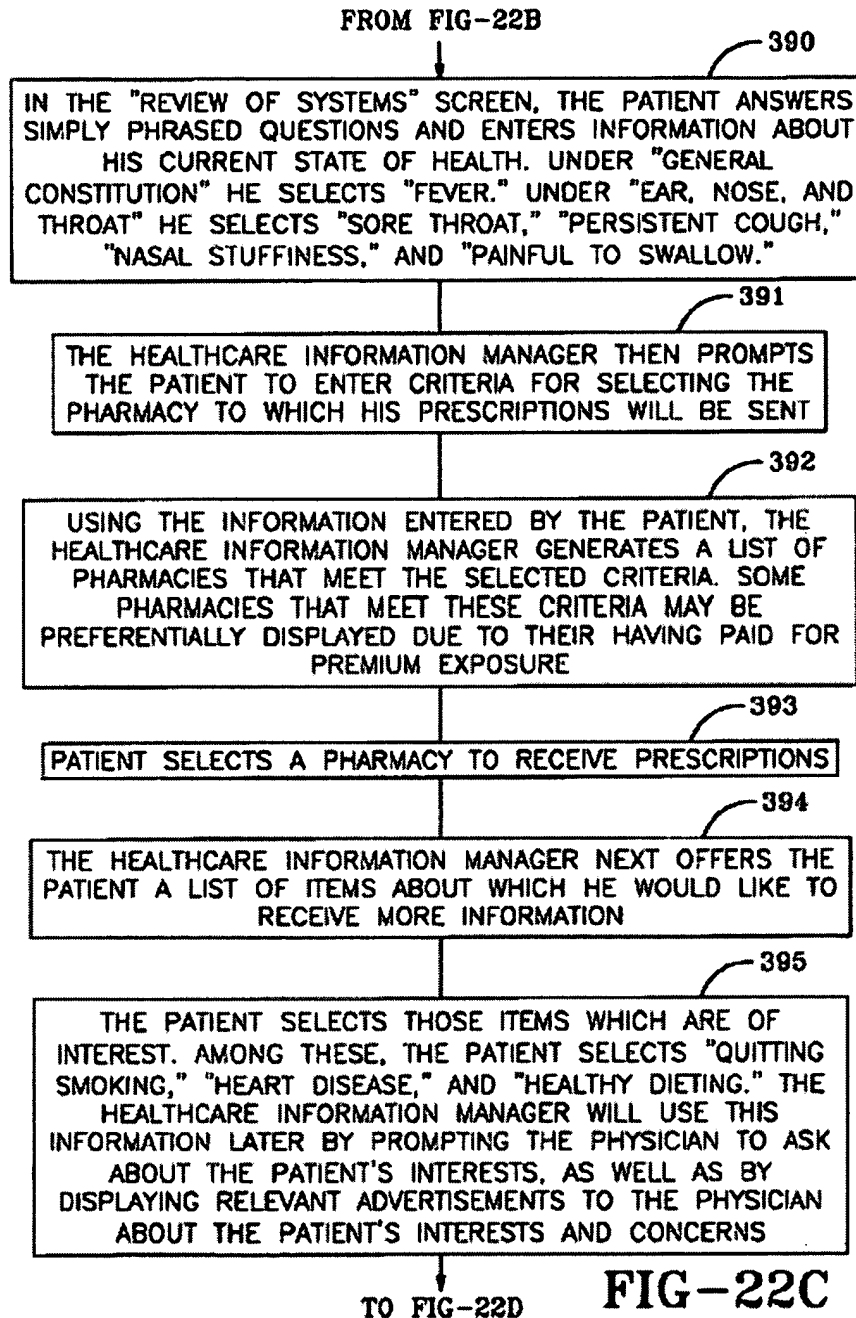
FROM FIG-22A



TO FIG-22C

FIG-22B

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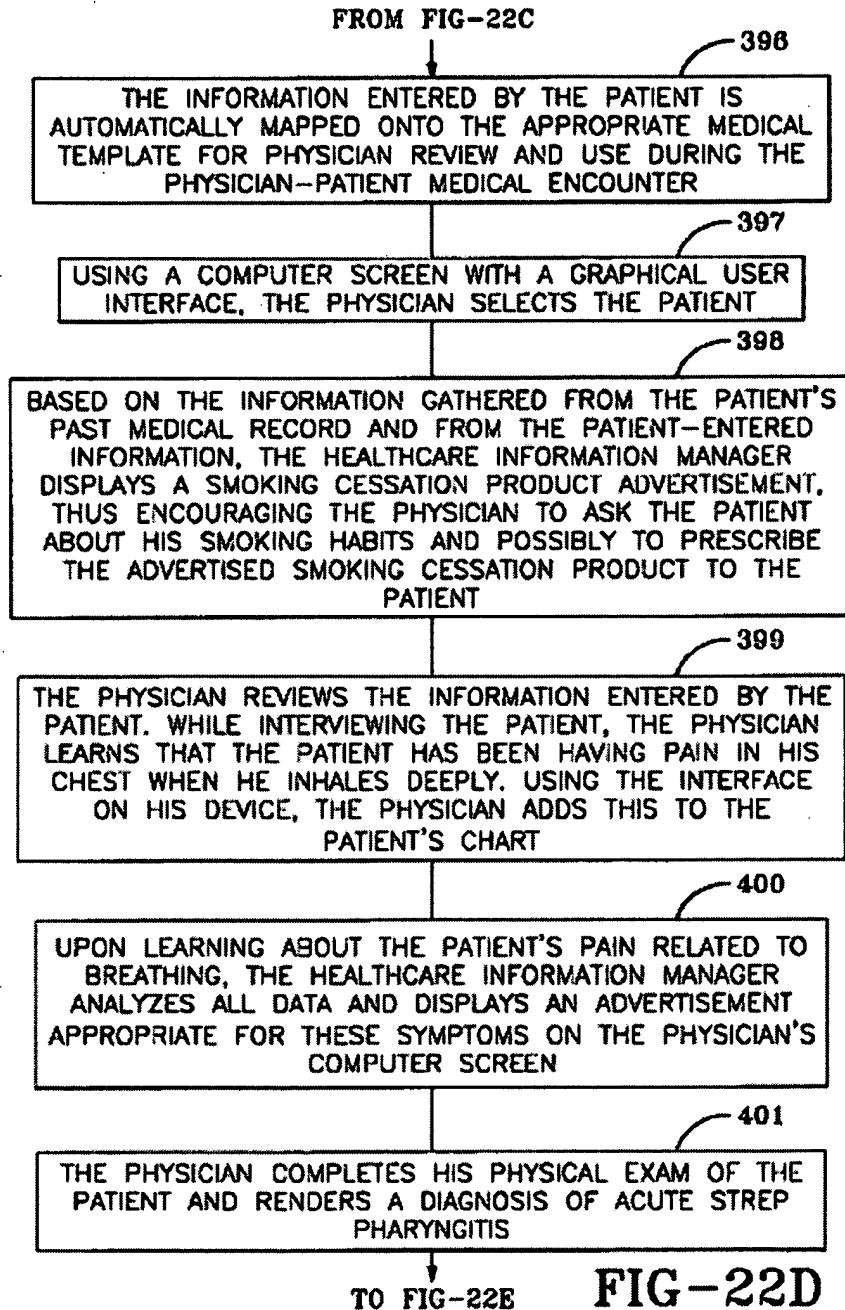
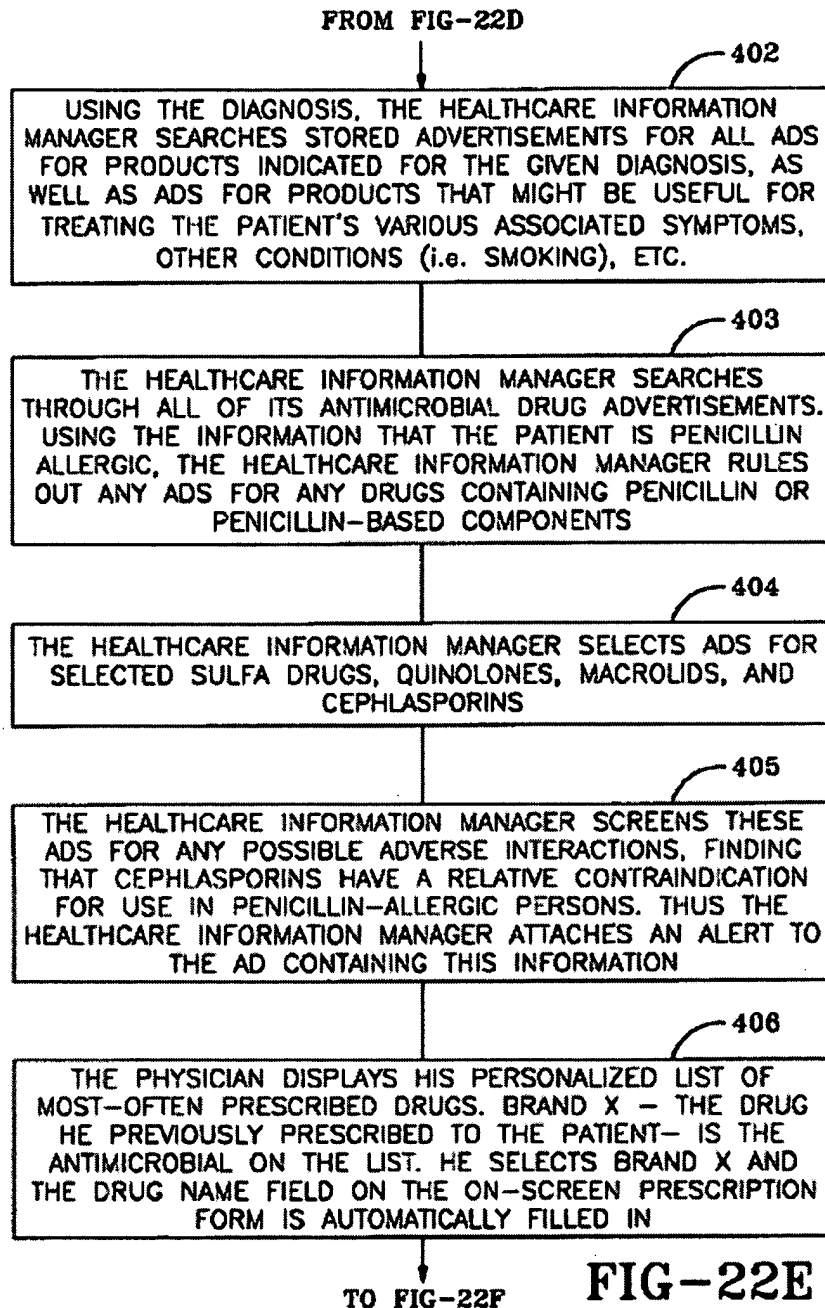
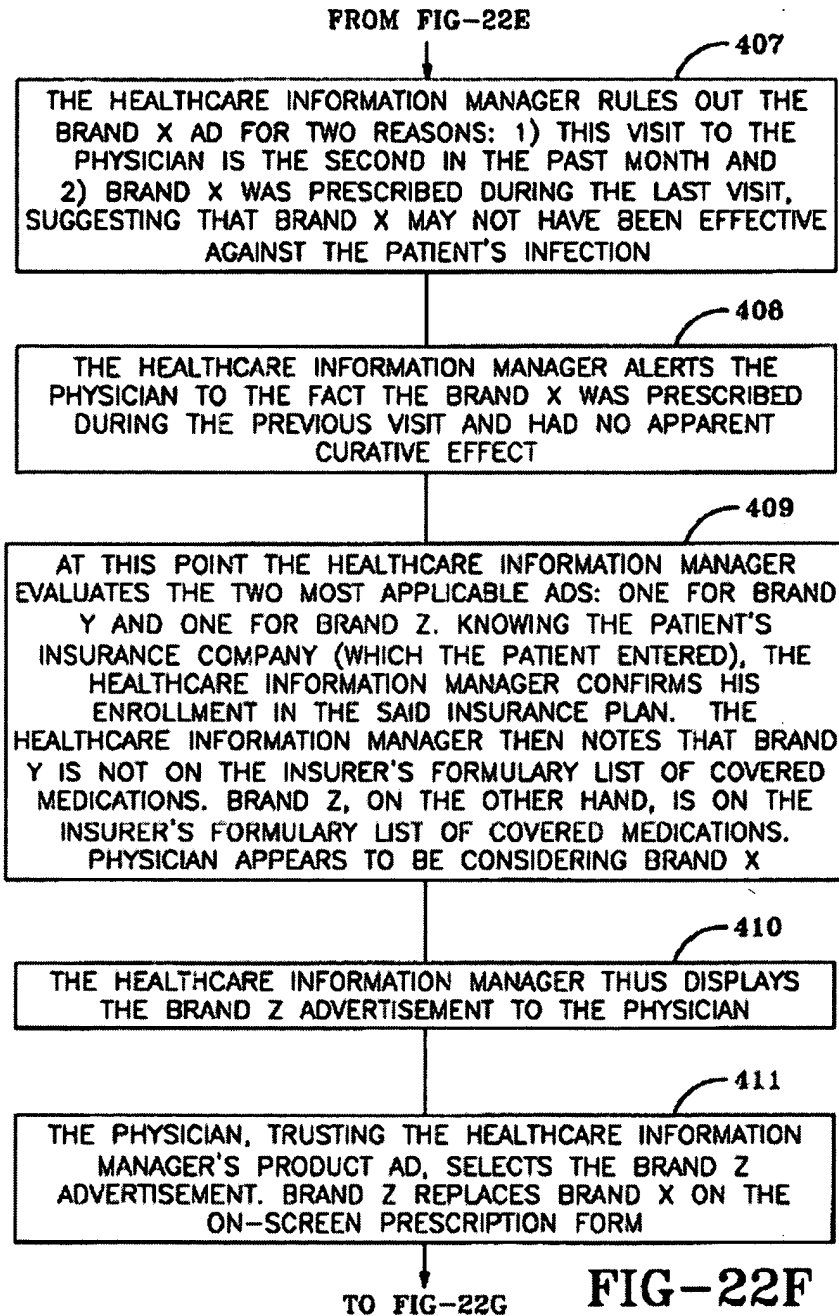


FIG-22D

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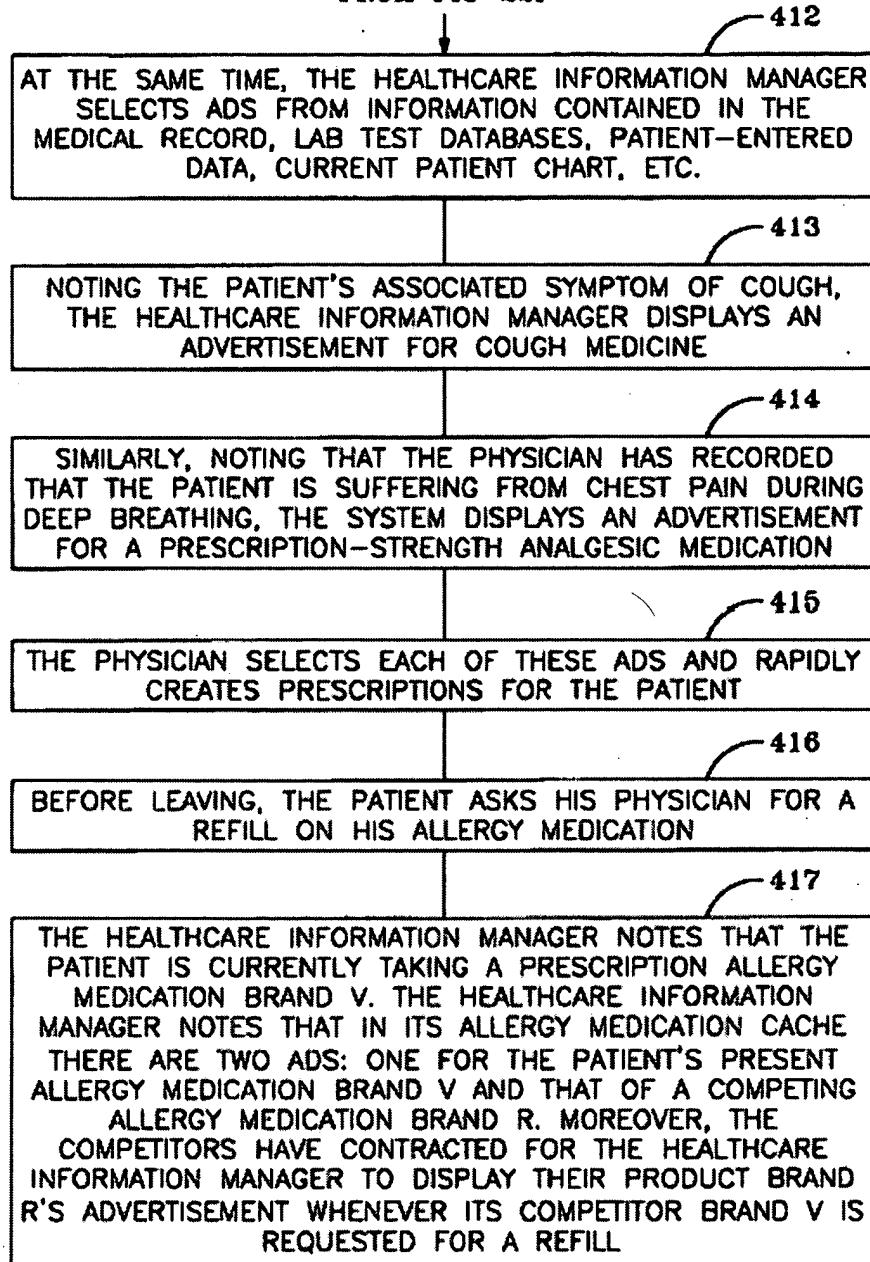
40/55



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41/52

FROM FIG-22F



TO FIG-22H

FIG-22G

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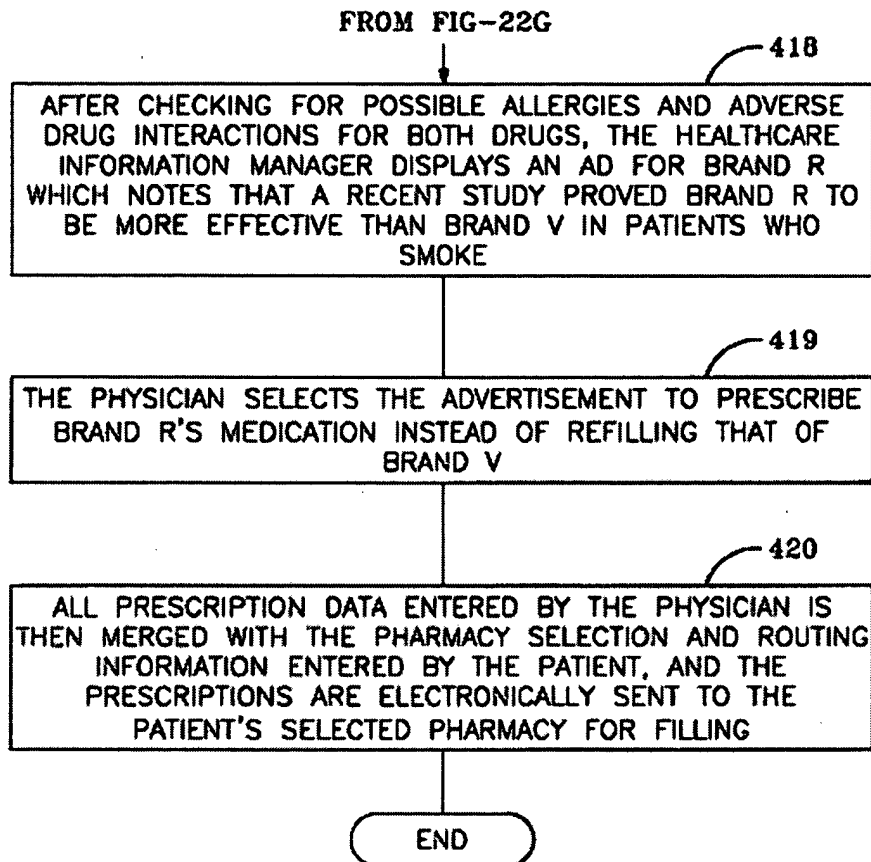


FIG-22H

<p>PLEASE SELECT PHARMACY OPTIONS</p>	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">ADVERTISEMENT</div>	<p><u>525</u></p>															
<p>Here you search for a participating pharmacy that meets your particular needs. Simply select from any or all of the options below. The next page will show a list of pharmacies that match your requested options. The pharmacy you then choose will receive your prescription information electronically, making it easier for you to get the medicine your doctor may determine you need.</p> <p>To select a particular item, touch the down arrow on the right and select your choice from the displayed list.</p> <p>Then touch the CONTINUE button on the screen.</p> <p>If you make a mistake and wish to clear your selections, touch RESET.</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">PHARMACY:</td><td style="width: 45%;">SELECT A PHARMACY</td><td style="width: 40%;"></td></tr><tr><td>AREA OF TOWN:</td><td>SELECT AREA OF TOWN</td><td></td></tr><tr><td>STORE HOURS:</td><td>SELECT STORE HOURS</td><td></td></tr><tr><td>DELIVERY OPTIONS:</td><td>SELECT DELIVERY OPTIONS</td><td></td></tr><tr><td>PRESCRIPTION INSURANCE:</td><td>SELECT PRESCRIPTION INSURANCE</td><td></td></tr></table> <div style="display: flex; justify-content: flex-end; gap: 10px; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px;">CONTINUE</div><div style="border: 1px solid black; padding: 2px 10px;">RESET</div></div>			PHARMACY:	SELECT A PHARMACY		AREA OF TOWN:	SELECT AREA OF TOWN		STORE HOURS:	SELECT STORE HOURS		DELIVERY OPTIONS:	SELECT DELIVERY OPTIONS		PRESCRIPTION INSURANCE:	SELECT PRESCRIPTION INSURANCE	
PHARMACY:	SELECT A PHARMACY																
AREA OF TOWN:	SELECT AREA OF TOWN																
STORE HOURS:	SELECT STORE HOURS																
DELIVERY OPTIONS:	SELECT DELIVERY OPTIONS																
PRESCRIPTION INSURANCE:	SELECT PRESCRIPTION INSURANCE																
		<p><u>526</u></p>															

FIG-23

PLEASE SELECT A PHARMACY

ADVERTISEMENT

527

The following pharmacies meet the requirements you requested:

528

Select	Pharmacy	Area of Town	Address	Store Hours	Delivery Options	Rx Insurance
<input type="radio"/>	Store A	Central	426 Main	24 hrs	None	Co-Pay
<input type="radio"/>	Store B	Central	112 4th	24 hrs	None	Co-Pay
<input type="radio"/>	Store C	Central	9815 Park	24 hrs	None	Co-Pay

To select a particular pharmacy, touch the circular button to the left of the pharmacy's name. Then touch the CONTINUE button on the screen.
If you make a mistake and wish to clear your selections, touch RESET.
If you wish to change your options and search again, touch the BACK button.

FIG-24

YOUR PHARMACY OF CHOICE

529

ADVERTISEMENT

You have chosen the following pharmacy to fill any prescriptions given to you today by your doctor.

To confirm that this is where you want your prescriptions sent, touch CONFIRM.

If you wish to change your options and search again, touch the BACK button.


Store A
426 Main
Austin, TX
(512) 555-5875
Open 24 Hours

530

1st Street

Main

Park



CONFIRM

BACK

FIG-25

46/55

<u>531</u>	<u>532</u>
<p>John Doe, Welcome from Dr. Smith</p> <p><input type="radio"/> Update your Blood Pressure</p> <p><input type="radio"/> Make an Appointment</p>	<p>TARGETED ADVERTISEMENT</p>
<p>New Report about Smoking and Heart Attacks!</p>	<p>CLICK HERE</p>
<p>TODAY'S CARDIOLOGY NEWS:</p> <p><u>New Kind of Heart Surgery</u></p> <p><u>The Best Way to Walk</u></p> <p><u>New Study on Heart-Healthy Foods</u></p> <p>ACADEMIC ARTICLES</p> <p><u>Outpatient Infusions Increase Positive Outcomes for CABG</u></p> <p><u>New Role of Lipids in CHF</u></p>	<p>Books on the Heart</p> <p><u>Living Well with Hypertension</u></p> <p><u>Running for Life: My Bout with MI</u></p> <p><u>How Far We've Come: A Study of Cardiac Theory from 1500-2000</u></p> <p><u>Women at Risk: Women and Carotid Dissection</u></p>
<p>TARGETED ADVERTISEMENT</p>	<p>TARGETED ADVERTISEMENT</p>

FIG-26

Mr. Doe. please enter your blood pressure and click the GRAPH THIS ENTRY button: 533

534

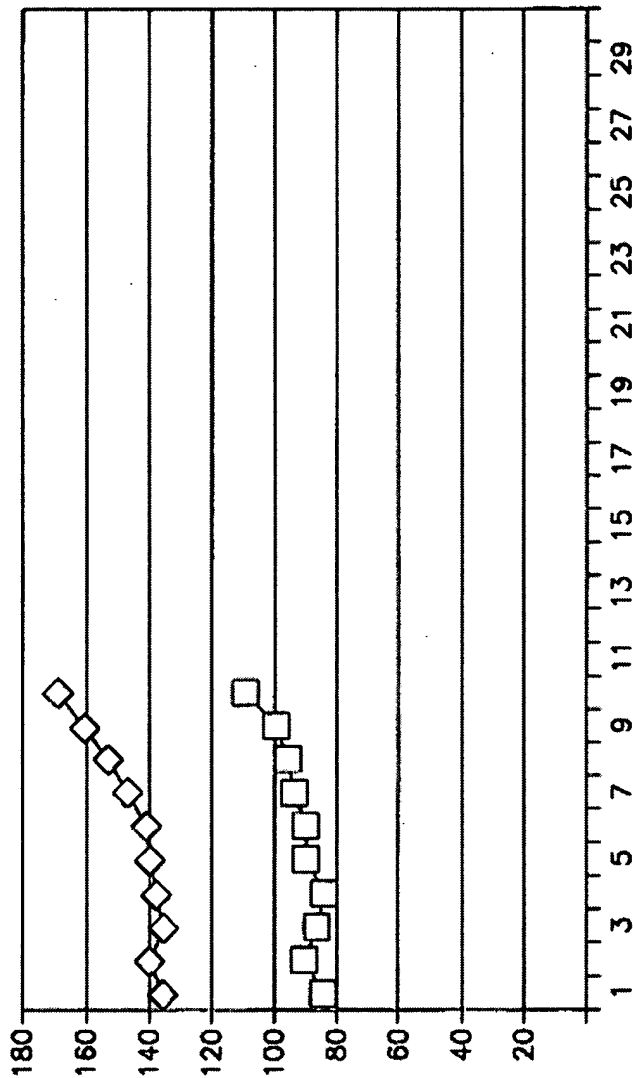
Systolic / Diastolic

535 Graph This Entry

FIG-27

536

NOVEMBER 2000
JOHN DOE'S BLOOD PRESSURE RECORD



537

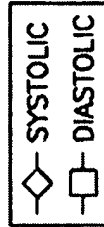


FIG--28

538

Mr. Doe, please select the title that most closely matches the problem you are having:

<input type="radio"/> Dental Pain/Problem	<input type="radio"/> Chest Pain/Discomfort	<input type="radio"/> Pain in Arm/Arms
<input type="radio"/> Dizziness	<input type="radio"/> Palpitations	<input type="radio"/> Pain in Upper Back
<input type="radio"/> Ear Pain/Problem	<input type="radio"/> Vision Problems	<input type="radio"/> Pain in Lower Back
<input type="radio"/> Headache	<input type="radio"/> Vomiting/Nausea/Diarrhea	<input type="radio"/> Pain in Leg/Legs
<input type="radio"/> Sore Throat	<input type="radio"/> Bloody Stool	<input type="radio"/> Pain in Foot/Ankle
<input type="radio"/> Cough/Congestion	<input type="radio"/> Abdominal (Belly) Pain	<input type="radio"/> Pain in Hand/Wrist

Then touch the CONTINUE button on the screen.

CONTINUE


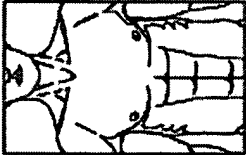
If you make a mistake and wish to clear your selections, touch RESET.

RESET

FIG-29

539

Mr. Doe, please tell us about the chest pain you are having:



How severe is your pain?

☐ Severe
☐ Moderate
☐ Mild

How long have you had this pain?

☐ Minutes ☐ Hours ☐ Days

When did your pain begin?

☐ While sleeping ☐ While resting
☐ While working ☐ While exercising

What makes the pain worse?

☐ Movement ☐ Exertion/Lifting
☐ Deep Breathing ☐ Nothing

What makes the pain decrease?

☐ Movement ☐ Rest
☐ Deep Breathing ☐ Nothing

Then touch the SEND button on the screen.

If you make a mistake and wish to clear your selections, touch RESET.

SEND

RESET

FIG-30

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<u>Switch Patient/ Log-out</u>		COMPANY LOGO
PATIENT: JOHN DOE	History/ Physical Exam/ Diagnosis/ Rx / Narrative	
540		
Patient's Current Medications (Click for Refills) <div style="display: flex; justify-content: space-around;"><div>Drug_A</div><div>Drug_B</div><div>Drug_C</div><div>Drug_D</div></div>	Hot List for Selected Diagnosis <div style="display: flex; justify-content: space-around;"><div>Drug_E</div><div>Drug_F</div><div>Drug_G</div><div>Drug_H</div></div>	Select Medication by: <div style="display: flex; justify-content: space-around;"><div>Generic Name</div><div>Trade Name</div><div>Class</div><div>Formulary (by Class)</div></div> <div style="margin-top: 10px;"><div>✓ Allergies Checked</div><div>✓ Interactions Checked</div><div>✓ Formulary Checked</div></div>
541		
ADVERTISEMENT		
540		
Prescription Pad		
Physician's Name / Signature		Date
PIN: <input type="text"/>		<input type="text"/>
<input type="button" value="Del"/> <input type="button" value="Edit"/> Drug Q (with Prescribing Parameters)		
<input type="button" value="Del"/> <input type="button" value="Edit"/> Drug V (with Prescribing Parameters)		
<input type="button" value="Del"/> <input type="button" value="Edit"/> Drug A (with Prescribing Parameters)		
<input type="button" value="TRANSMIT"/>		Physician's DEA Number

FIG-31

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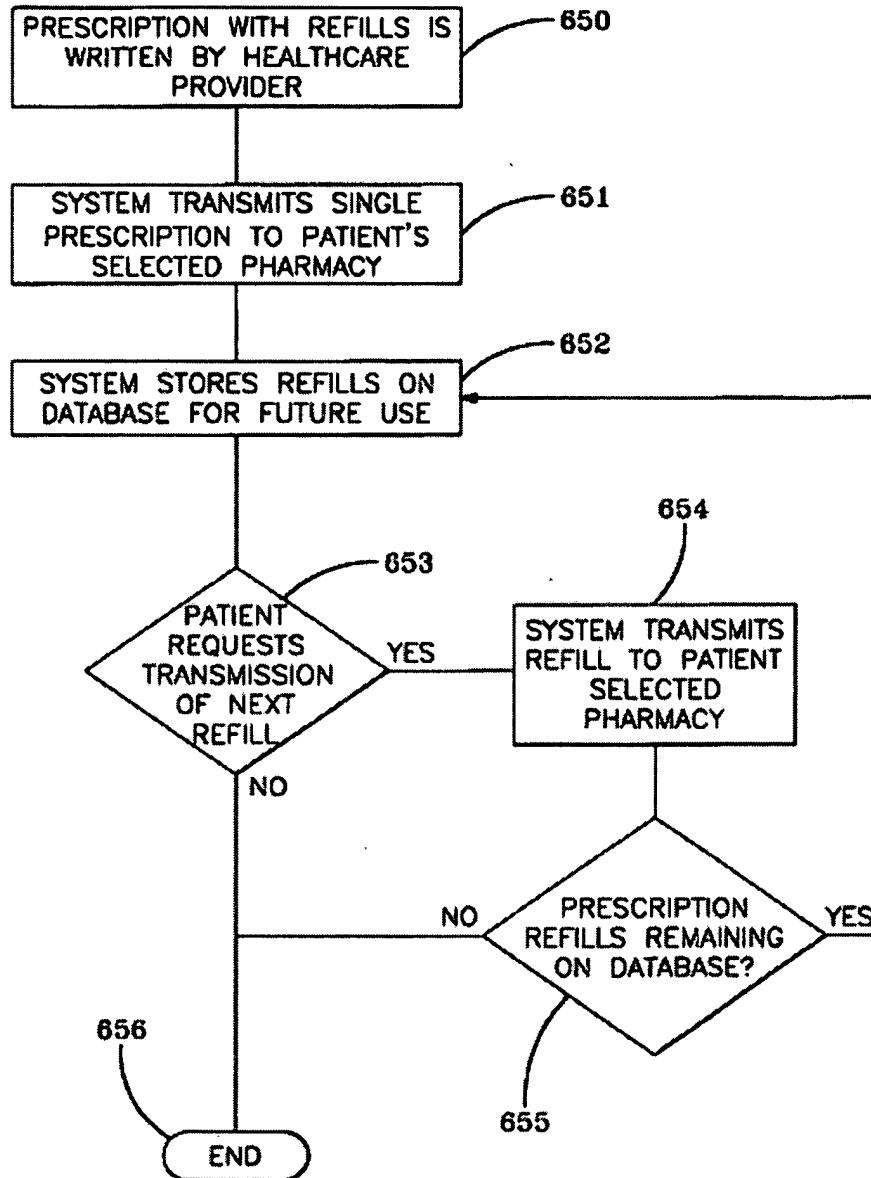


FIG-32

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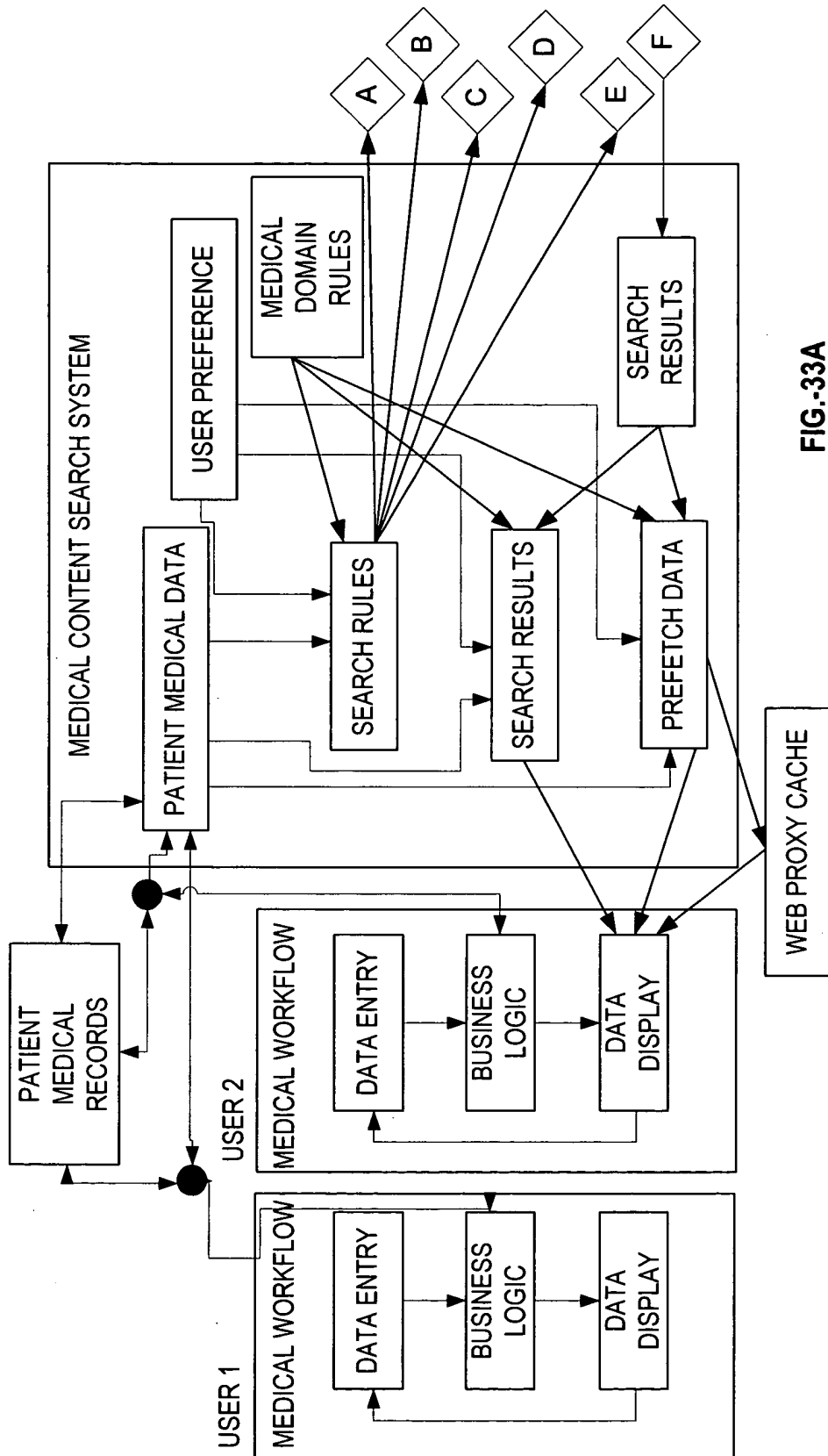


FIG.-33A

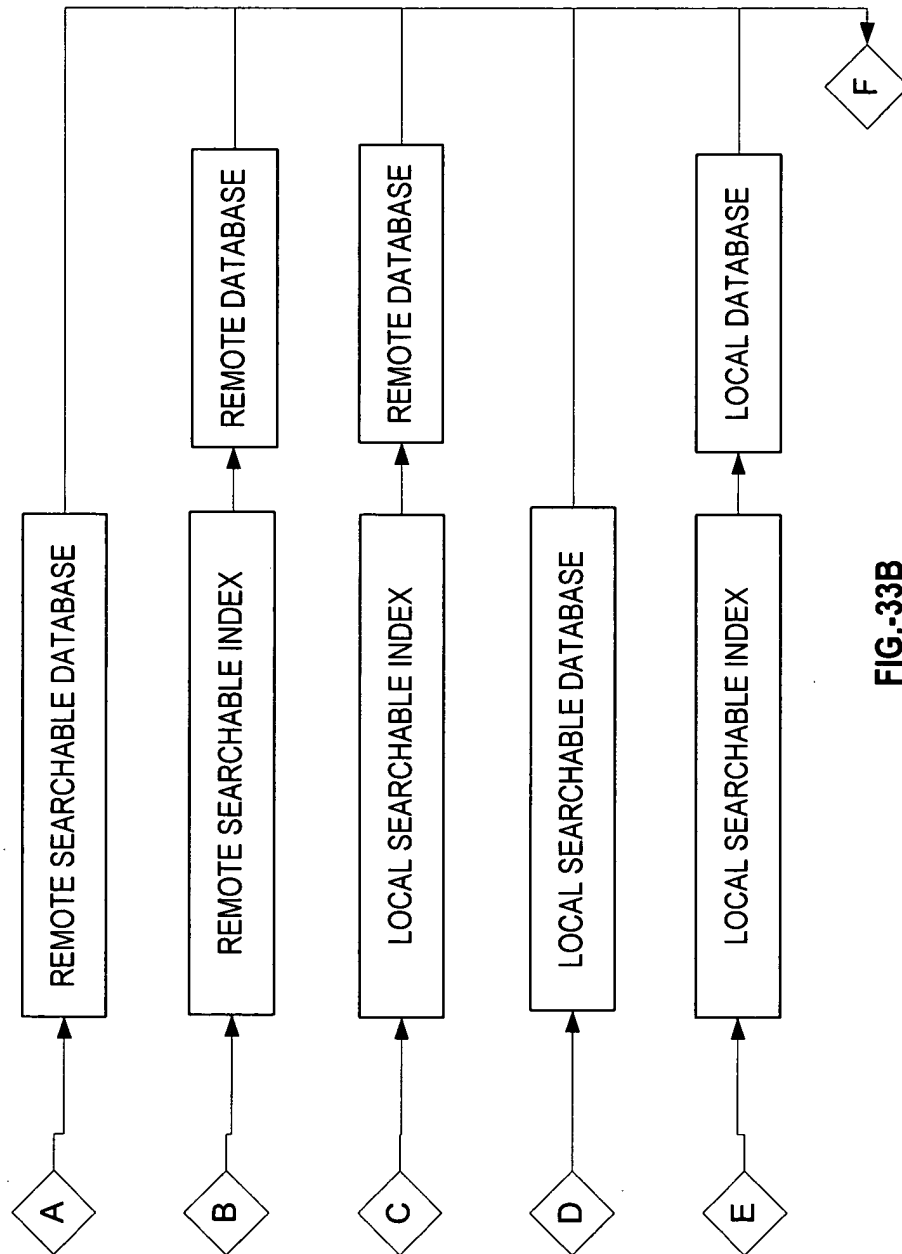


FIG.-33B

FIG.-34

HPI/ROS	PHYS EXAM	ORDERS	INFO

FIG.-35

HPI/ROS	PHYS EXAM	ORDERS	INFO ●

FIG.-36

HPI/ROS	PHYS EXAM	ORDERS	INFO !